## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 754512**

1. Entity Name

HARBOUR'S EDGE OWNER'S ASSOCIATION, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90166 032 \*\*\*\*61.25

						OR WELL							
OTO THOMAS DR DAV			DAVID DU 8623 N L	Mailing Address  DAVID DURNBAUGH 8623 N LAGOON DR D-6 PANAMA CITY BEACH FL 32408									
2. Principal Pla	ace of Business		3. Mailing	Address						U    U    U    U    U    U    U	j alıbil bibil bibil	11411 1161	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number <b>59-2771313</b> Applied For Not Applicable					
Zip Country			Zip		Cou	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required					·—
								7. Name and Ad	dress of New F	Registered /			
	6. Name and	Address of Current F	Registerea	Agent		Name		T, Hamound T		<u> </u>			
	JGH, DAVID						ress (F	P.O. Box Number is	Not Acceptable	e)			
	AGOON DR. D-												
PANAMA	CITY BEACH FL	_ 32408				City				FL	Zip Code		
SIGNIATURE	tions of registered	ted name of registered agent a	and title if applic	able. (NOT	E: Registere	ed Agent signature	required	when reinstating)		DATE			
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	FILE NOW: FE	E IS \$61.25		9. Election Car Trust Fund (		_	]	\$5.00 May Be Added to Fees			k Payable rtment of S		
	FILE NOW: FE				Contribu	tion.		Added to Fees	Flor	ida Depai	rtment of S	State	
* 10.	· .	EE IS \$61.25	RECTORS			tion.			Flor	ida Depai	rtment of S	State	1,02)
# 10.	PTD	OFFICERS AND DIF	RECTORS	Trust Fund (	Contribut	tion.		Added to Fees	Flor	ida Depai	rtment of S	State 10	(10/02)
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

2-5-03