

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756330

1. Entity Name

HARBOUR TOWNE ASSOCIATION, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90105 023 ****61.25

Principal Place of Business

2848 PROCTOR ROAD
SARASOTA FL 34231
US

Mailing Address

2848 PROCTOR ROAD
SARASOTA FL 34231-6444
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2257411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER MANAGEMENT SERVICES
2848 PROCTOR ROAD
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **BAKER, DON**
STREET ADDRESS **1263 DOCKSIDE PLACE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☐ Change ☒ Addition
NAME **Robinson, Carolyn**
STREET ADDRESS **1341 Dockside Place**
CITY-ST-ZIP **Sarasota, FL 34242**

TITLE **TD** ☐ Delete
NAME **HART, FRED**
STREET ADDRESS **1315 DOCKSIDE PLACE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MD** ☐ Delete
NAME **BLOME, GLEN**
STREET ADDRESS **1259 DOCKSIDE PLACE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DK** ☐ Delete
NAME **KADEL, RICHARD**
STREET ADDRESS **1227 DOCKSIDE PLACE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DD** ☐ Delete
NAME **HUTCHINS, JANE**
STREET ADDRESS **1275 DOCKSIDE PLACE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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.

SIGNATURE:

Frederick F. E. S. Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
Date

(941) 346-3175
Daytime Phone #

CR2EN37 / 0/001