

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90105 026 ****61.25

DOCUMENT # 756330

1. Entity Name

HARBOUR TOWNE ASSOCIATION, INC.



Principal Place of Business

**2848 PROCTOR ROAD
SARASOTA FL 34231
US**

Mailing Address

**2848 PROCTOR ROAD
SARASOTA FL 34231
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MILLER MANAGEMENT SERVICES
2848 PROCTOR ROAD
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, CAROLYN 1341 DOCKSIDE PL SARASOTA FL 34242 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HART, FRED 1315 DOCKSIDE PLACE SARASOTA FL 34242 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COFFEY, LARRY 1205 DOCKSIDE PLACE SARASOTA FL 34242 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOD, JOHN 1203 DOCKSIDE PLACE SARASOTA FL 34242 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, ROCHE 1301 DOCKSIDE PLACE SARASOTA FL 34242 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

LARRY COFFEY
LARRY COFFEY

3/5/03 941-349-0407

CR2E037 (10/02)