

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90034 011 \*\*\*\*61.25

**DOCUMENT # 757616**

1. Entity Name  
**HARBOR GREEN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**2775 N. WICKHAM RD  
 NO. 404  
 MELBOURNE FL 32935  
 US**

**P.O. BOX 410071  
 MELBOURNE FL 32941-0071**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2182572**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~HELLMANN, NORBERT E  
 2775 N. WICKHAM RD  
 NO. 404  
 MELBOURNE FL 32935~~

7. Name and Address of New Registered Agent

Name **DETINGER, HELEN M.**  
 Street Address (P.O. Box Number is Not Acceptable) **2775 No. WICKHAM Rd. A-104**  
 City **MELBOURNE** FL Zip Code **32935**

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 *Helen M. Detinger*      DATE **4/21/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HELLMAN, NORBERT E 2775 N WICKHAM RD, NO 404 MELBOURNE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GEIGER, JUNE G. 2775 N WICKHAM RD #204 MELBOURNE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D MONOC, DAVE 2775 NO WICKHAM ROAD STE 103 MELBOURNE FL</b></del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VD DETINGER, HELEN 2775 N WICKHAM RD, NO 106 MELBOURNE FL</b></del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Detinger, Helen 2775 N. Wickham Rd. #106 Melbourne, FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VD [Faded Name] [Faded Address] [Faded City-State-Zip]</b></del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Goodman, Mercedes 2775 N. Wickham Rd. #101 Melbourne, FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VD [Faded Name] [Faded Address] [Faded City-State-Zip]</b></del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TANGEN, Richard N. 2775 N. Wickham Rd. No. A 302 Melbourne, FL 32935</b>

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: *Helen M. Detinger*      Date **April 21, 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #.

CR2E037 (9/99)