

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90338 042 ****61.25

0090752

DOCUMENT # 758484

1. Entity Name

HARBOR WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W SR 434 #5000
 LONGWOOD FL 32779

2180 W SR 434 #5000
 LONGWOOD FL 32779

735159



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2095523

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD FL 32779

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: **VD** ☒ Delete
 NAME: **HARDING, PATRICIA**
 STREET ADDRESS: **430 BREAKWATER DR., #27**
 CITY-ST-ZIP: **MERRITT ISLAND FL 32952**

TITLE: **PD** ☐ Change ☒ Addition
 NAME: **CODY, RICHARD**
 STREET ADDRESS: **420 BREAKWATER DR #17**
 CITY-ST-ZIP: **MERRITT ISLAND FL 32953-3556**

TITLE: **SD** ☐ Delete
 NAME: **ANTIMARELLI, BERTHA**
 STREET ADDRESS: **420 BREAKWATER DR., #19**
 CITY-ST-ZIP: **MERRITT ISLAND FL 32953**

TITLE: **VD** ☒ Change ☒ Addition
 NAME: **JARVIS, MARGARET**
 STREET ADDRESS: **435 CATAMARAN DR #53**
 CITY-ST-ZIP: **MERRITT ISLAND FL 32953**

TITLE: **PD** ☒ Delete
 NAME: **ZIMBRO, SHARON A**
 STREET ADDRESS: **424 CATAMARAN DR, #70**
 CITY-ST-ZIP: **MERRITT ISLAND FL 32952**

TITLE: **D** ☐ Change ☒ Addition
 NAME: **CORBETT, JUDY**
 STREET ADDRESS: **425 CATARAN DR #66**
 CITY-ST-ZIP: **MERRITT ISLAND FL 32952**

TITLE: **D** ☒ Delete
 NAME: **GRISAR, FRANCES**
 STREET ADDRESS: **420 CATAMARAN DR., #99**
 CITY-ST-ZIP: **MERRITT ISLAND FL 32952**

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

TITLE: **TD** ☐ Delete
 NAME: **WASHAM, BILLY MAC**
 STREET ADDRESS: **424 CATAMARAN DR., #70**
 CITY-ST-ZIP: **MERRITT ISLAND FL 32954**

TITLE: ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2007
 Date

Daytime Phone #

CR2E037 (10/00)