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

DOCUMENT # 758  1. Entity Name  HARBOR WOODS CONDOMINI		
Principal Place of Business 2180 W SR 434 #5000 LONGWOOD FL 32779	Mailing Address 2180 W SR 434 #5000 LONGWOOD FL 32779	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

**FILED** Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90206 019 \*\*\*\*61.25

HARBOR	WOODS CONDOMINIUM ASS	SOCIATION, INC.						
Principal Place 2180 W SR 43- LONGWOOD F	•	Mailing Address 2180 W SR 434 #5000 LONGWOOD FL 32779				LUBA I BERLE ALBON I 1844 B. B. B. B.	811 <b>818</b> 14 8181 81814 81	1)1 <b>418</b> 1) (# <b>9</b> 1
2. Principal F	Place of Business	3. Mailing Address		<u>.</u> .				
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>		CHECK HERE IF MA	KING CHANGES	•	
City & Stat	te	City & State 4. FE		4. FEI Number 5	4. FEI Number 59-2095523			
Zip	Country	Zip	(Countr	у	5. Certificate of S	tatus Desired	\$9.75	
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New Registe	ered Agent	
				Name				
	IMES W JR MANAGEMENT, INC.		1	Street Addres	s (P.O. Box Number is	Not Acceptable)		
	STATE RD. 434, SUITE 5000							
LONGWO	OOD FL 32779		(	City		<del></del>	FL Zip Coo	ie
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered	office or regis	tered agent, or both, in	the State of Florida.	I am familiar with,	, and accept
SIGNATURE .					<del></del>			<del></del>
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Hegistered Ag	gent signature requ	ired when reinstating)		DATE	
I	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C			<b>\$5.00</b> May Be Added to Fees		heck Payable epartment of s	
10.	OFFICERS AND DIF	Trust Fund C		. 🗆	\$5.00 May Be Added to Fees	Florida De	epartment of	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD DESHAIES, RONALD J 420 CATAMARAN DR #88	Trust Fund C	11. TITLE NAME STREET A	PD Lia	Added to Fees  ADDITIONS/CHANG  A Allawas Landings Wa	Florida De	epartment of	State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF  PD  DESHAIES, RONALD J  420 CATAMARAN DR #88  MERRITT ISLAND FL 32953-3556	Trust Fund C	11. TITLE NAME STREET A CITY-ST	PD Lia	Added to Fees  ADDITIONS/CHANG  A Allawas	Florida De	Epartment of S  ID DIRECTORS IN	State 110  XXAddition
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD DESHAIES, RONALD J 420 CATAMARAN DR #88	Trust Fund C	11. TITLE NAME STREET A	PD Lia	Added to Fees  ADDITIONS/CHANG  A Allawas Landings Wa	Florida De	epartment of	State
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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 attackment with an address, with all other like empowered.

SIGNATURE: 1