

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760905

1. Entity Name

THE HARBOURAGE II CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90061 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O PROGRESSIVE MANAGEMENT, INC.  
2753 S. R. 580. #207  
CLEARWATER FL 33761  
US

C/O PROGRESSIVE MANAGEMENT, INC.  
2753 S. R. 580. #207  
CLEARWATER FL 33761  
US



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

59-2214816

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

Name

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

City

FL

Zip Code  
33761

REARDON, MAUREEN C., CPM  
2753 SR 580, SUITE 207  
CLEARWATER FL 34621

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
OLSON, CHARLES  
240 SAND KEY ESTATES DR #48  
CLEARWATER FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SCOTT, ROBERT  
240 SAND KEY ESTATES DR #65  
CLEARWATER FL 33767 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FAZIO, CHARLES  
240 SAND KEY ESTATES DR, #64  
CLEARWATER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/D ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
AMANN, MARYANN  
240 SAND KEY ESTATES DR #65  
CLEARWATER FL 33767 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROWNE, BERNARD  
240 SAND KEY ESTATES DR. #68  
CLEARWATER FL 33767 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILKIN, OPAL  
240 SAND KEY ESTATES DR#76  
CLEARWATER FL 33767 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
McELROY, KEN  
240 SAND KEY ESTATES DR. #36  
CLEARWATER FL 33767 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KELLY, ROBERT  
240 SAND KEY ESTATES #81  
CLEARWATER FL 33767 ☒ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert Scott

Date

Daytime Phone #

CR2E037 (9/99)