2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003
Secretary of State

DOCUMENT# 760905

Entity Name: THE HARBOURAGE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2214816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: AMANN, BERT
Address: 240SAND KEY ESTATES DRIVE #24
City-St-Zip: CLEARWATER, FL 33767

Title: PD ( ) Delete
Name: MCELROY, KEN
Address: 240 SAND KEY ESTATES DR #36
City-St-Zip: CLEARWATER, FL 33767

Title: SD ( ) Delete
Name: FAZIO, CHARLES
Address: 240 SAND KEY ESTATES DR, #64
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete
Name: BROWNE, BERNARD
Address: 240 SAND KEY ESTATES DR #68
City-St-Zip: CLEARWATER, FL 33767

Title: VD ( ) Delete
Name: BURDEK, RICHARD
Address: 240 SAND KEY ESTATES DR #78
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: WILKIN, BOB
Address: 240 SAND KEY ESTATES DRIVE #76
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: OLSON, CHARLES
Address: 240 SAND KEY ESTATES DRIVE #48
City-St-Zip: CLEARWATER, FL 33767

Title: SD (X) Change ( ) Addition
Name: MCELROY, KEN
Address: 240 SAND KEY ESTATES DR #36
City-St-Zip: CLEARWATER, FL 33767

Title: PD (X) Change ( ) Addition
Name: FAZIO, CHARLES
Address: 240 SAND KEY ESTATES DR, #64
City-St-Zip: CLEARWATER, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES FAZIO PD 04/16/2003

Electronic Signature of Signing Officer or Director — Date

DOREEN KEENAN, DIRECTOR
240 SAND KEY ESTATES DR, #23
CLEARWATER, FL 33767