

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761673

1. Entity Name

SOUTH HARBOUR ESTATES HOMEOWNERS ASSOCIATION, IN

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90018 026 ****61.25

0030170

Principal Place of Business

Mailing Address

ANCHOR DR. ENTRANCE
P. O. BOX 372534
INDIAN HARBOR BEACH FL 32937
US

P.O. BOX 372534
SATELLITE BEACH FL 32937-0534
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2824303

Applied For

Not Applicable

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

STOFFER, LUCILLE
74 ANCHOR DR.
INDIAN HARBOUR BEACH FL 32937

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 PD
NAME KIMMEL, CHARLES ☐ Delete
STREET ADDRESS 9 ANCHOR DR
CITY-ST-ZIP INDIAN HARBOUR BEACH FL

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

TITLE SD
NAME VEILLARD, DOROTHY ☐ Delete
STREET ADDRESS 102 ANCHOR DRIVE
CITY-ST-ZIP INDIAN HARBOR BEACH FL

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

TITLE TD
NAME STOFFER, LUCILLE ☐ Delete
STREET ADDRESS 74 ANCHOR DRIVE
CITY-ST-ZIP INDIAN HARBOR BEACH FL

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

TITLE D
NAME CERASOLI, FRANCES ☒ Delete
STREET ADDRESS 59 ANCHOR DR.
CITY-ST-ZIP INDIAN HARBOUR BCH FL

TITLE D ☒ Change ☐ Addition
NAME JACK BRADFORD
STREET ADDRESS 52 ANCHOR DR.
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lucille Stoffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 (321) 773 5254
Date Daytime Phone #

CR2E037 (10/00)