

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90053 033 \*\*\*\*61.25

**DOCUMENT # 761673**

1. Entity Name

**SOUTH HARBOUR ESTATES HOMEOWNERS ASSOCIATION, IN C.**

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**



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

**59-2824303**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees 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** ☐ Delete  
NAME **KIMMEL, CHARLES**  
STREET ADDRESS **9 ANCHOR DR**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL**

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

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

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

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

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

TITLE **D** ☐ Delete  
NAME **BRADFORD, JACK**  
STREET ADDRESS **52 ANCHOR DR**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

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

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**

**3-21-02 (321) 773-5284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)