

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90137 011 ****61.25

UBR4335

DOCUMENT # 762083

1. Entity Name

HARBOUR GREEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

120 ANCHOR DR
 KEY LARGO FL 33037
 US

120 ANCHOR DR
 KEY LARGO FL 33037
 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

59-2156631

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, EVELYN
120 ANCHOR DRIVE
KEY LARGO FL 33037

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	VD	<input type="checkbox"/> Delete
NAME	KAMFJORD, ERIK	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUBER, FRANK	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISP, HARRY	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, CALVIN	
STREET ADDRESS	120 ANCHOR DR	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	PDA	<input type="checkbox"/> Delete
NAME	MOSS, EVELYN	
STREET ADDRESS	120 ANCHOR DR	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNO, JOESPH	
STREET ADDRESS	120 ANCHOR DR	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foster, Michael	
STREET ADDRESS	120 Anchor Drive	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Evelyn Moss* **Managing Agent**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

305-367-3232

Date

Daytime Phone #

CR2E037 (10/00)