

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90048 042 \*\*\*\*61.25

**DOCUMENT # 763237**

1. Entity Name

**HARDER HALL RESORT CLUB, LAKESIDE I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**420 W. LAKE DR BLVD  
 SEBRING FL 33875-5027  
 US**

Mailing Address

**420 W. LAKE DR BLVD  
 SEBRING FL 33875-5027  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2198161**

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

**C/O BECKER & POLIAKOFF P.A.  
 C JOHN CHRISTENSEN ESQ.  
 500 WINDERLY PLACE SUITE 104  
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

**MIKE KIROUAC**

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

**420 W. LAKE DRIVE BLVD**

City

**SEBRING**

FL

Zip Code

**33872**

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]*

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FREUDENBERGER, KEITH	
STREET ADDRESS	420 W. LAKE DRIVE BLVD.	
CITY-ST-ZIP	SEBRING FL 33875-5027	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ARTURI, PETER MD	
STREET ADDRESS	420 W. LAKE DRIVE BLVD.	
CITY-ST-ZIP	SEBRING FL 33875-5027	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILNER, JAMES E	
STREET ADDRESS	420 W. LAKE DRIVE BLVD.	
CITY-ST-ZIP	SEBRING FL 33875-5027	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIPEL, WILLIAM	
STREET ADDRESS	420 W. LAKE DRIVE BLVD.	
CITY-ST-ZIP	SEBRING FL 33875-5027	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KIROUAC, MIKE	
STREET ADDRESS	420 W. LAKE DRIVE BLVD.	
CITY-ST-ZIP	SEBRING FL 33875-5027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIET McQUILLAN	
STREET ADDRESS	6316 PECKINS RD	
CITY-ST-ZIP	LYONS, MI 48851-9706	
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		
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)