

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000000773**

Entity Name

HARBOUR CAY HOMEOWNERS ASSOCIATION, INC.**FILED****Feb 20, 2002 8:00 am**
Secretary of State

02-20-2002 90121 012 ****61.25

Principal Place of Business

**RON POINDEXTER
318 HARBOUR CAY COURT
JACKSONVILLE FL 32225**

Mailing Address

**RON POINDEXTER
11018 HARBOUR CAY COURT
JACKSONVILLE FL 32225**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
59-3721912

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

**CRABTREE, R.R. ESQ.
C.O CRABTREE & FALLAR P.A.
8375 DIX ELLIS TRAIL STE 401
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

NAME
PD POINDEXTER, RON ☐ Delete
STREET ADDRESS
11018 HARBOUR CAY CRT
CITY-ST-ZIP
JACKSONVILLE FL 32225NAME
VPD GOWEN, CHRIS ☐ Delete
STREET ADDRESS
11002 HARBOUR CAY CRT
CITY-ST-ZIP
JACKSONVILLE FL 32225NAME
SD WHITE, HOUSTON ☐ Delete
STREET ADDRESS
11026 HARBOUR CAY CRT
CITY-ST-ZIP
JACKSONVILLE FL 32225NAME
TD SCHLEEJ, ROB ☐ Delete
STREET ADDRESS
11034 HARBOUR CAY CRT
CITY-ST-ZIP
JACKSONVILLE FL 32225NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPNAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Robert D. Schleej 2/5/02 904-928-4539

CR2E037 (9/01)