

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 12, 2001 8:00 am
Secretary of State

01-30-2001 90201 029 ****61.25

DOCUMENT # N00000000907

1. Entity Name

HARBOUR POINT VILLAS HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

46960 CHATFIELD DR
FT MYERS FL 33908

Mailing Address

46960 CHATFIELD DR
FT MYERS FL 33908

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

W.F. Decker Inc

15856 Dorset Lane

Fort Myers Fl 33908

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY ST
FT MYERS FL 33901

7. Name and Address of New Registered Agent

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

TITLE	D	☐ Delete
NAME	DECKER, WALTER F	
STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	☐ Delete
NAME	DECKER, W J	
STREET ADDRESS	49 PEN WEB PARK	
CITY-ST-ZIP	WEBSTER NY 14580	
TITLE	D	☐ Delete
NAME	DECKER, CATHERINE M	
STREET ADDRESS	41 PEN WEB PARK	
CITY-ST-ZIP	WEBSTER FL 14580	
TITLE	D	☐ Delete
NAME	DECKER, PAMELA I	
STREET ADDRESS	11 PEN WEB PARK	
CITY-ST-ZIP	WEBSTER NY 14580	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Signature and typed or printed name of signing officer or director

1/18/2001

Daytime Phone #

CF2E037 (10/00)