

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004439

1. Entity Name

HARBOR BAY RETIREMENT VILLAGE CONDOMINUM ASSOCIATION, INC.

Principal Place of Business

8517 S. PARK CIR., SUITE 210
ORLANDO FL 32819

Mailing Address

8517 S. PARK CIR., SUITE 210
ORLANDO FL 32819

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

59-3756077

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, JOANNA
8517 S. PARK CIR., SUITE 210
ORLANDO FL 32819

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 PD
NAME KIRKLAND, PATRICK B
STREET ADDRESS 4380 CHAMBLEE DUNWOODY RD., SUITE 407
CITY-ST-ZIP ATLANTA GA 30341

TITLE TSD
NAME BROOKS, JOANNA
STREET ADDRESS 8517 S. PARK CIR., SUITE 210
CITY-ST-ZIP ORLANDO FL 32819

TITLE D
NAME MULLARKEY, VINCENT
STREET ADDRESS 2 WINGATE LANE
CITY-ST-ZIP ACTON MA 01720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone

FILED
May 30, 2002 8:00 am
Secretary of State

05-10-2002 90053 017 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

02-23-02 770-984-9090