

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91398 031 ****61.25

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1. Entity Name
HARBOR LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
120 FAIRWAY WOODS BLVD.
ORLANDO FL 32824

Mailing Address
LELAND MANAGEMENT, INC.
1633 E VINE ST SUITE 110
KISSIMMEE FL 34744

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 02-0613070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURLOW, REBECCA CAM
LELAND MANAGEMENT INC.
1633 E VINE ST SUITE 110
KISSIMMEE FL 34744

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ~~WRIGHT, CHRISTOPHER S~~
STREET ADDRESS 120 FAIRWAY WOODS BLVD.
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☒ Change ☐ Addition
NAME Trossell, Guy
STREET ADDRESS 120 Fairway Woods Blvd
CITY-ST-ZIP Orlando, FL 32824

TITLE DV ☐ Delete
NAME HAWKS, CANDICE H
STREET ADDRESS 120 FAIRWAY WOODS BLVD.
CITY-ST-ZIP ORLANDO FL 32824

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

TITLE DST ☐ Delete
NAME ERSKINE, CINDY L
STREET ADDRESS 120 FAIRWAY WOODS BLVD.
CITY-ST-ZIP ORLANDO FL 32824

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 *Candice H Hawks* **CANDICE H HAWKS 4/29/03 407-240-0044**

CR2E037 (10/02)