2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000001531

1. Entity Name

OLD PALM HARBOR VILLAGE CENTER ASSOCIATION, INC.



FILED Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90455 033 ****61.25

[GOO WE THE					
Principal Plac	ce of Business	Mailing Address						
PO BOX 608 PO BOX 608 OZONA FL 34660-0608 OZONA FL 346		PO BOX 608 OZONA FL 34660-0608						
					1 0 (1 0))	1010 HADI BIRA I	ABA HAN ABA	
2. Principal Place of Business 3. Mail Po 30 x 213		3. Mailing Address Po Box 213	lailing Address PoBox 213					
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u></u>	☐ CHECK HERE IF MAKING CHANGES				
City & Sta	HARBA FL	City & State PALM HAMBON	ity & State M HAMBON FL		4. FEI Number Applied For			
346	82 Country	34682	Country	5. Certificate of Sta	· · · · · · · · · · · · · · · · · · ·	\$8.75 Ad Fee Require		
	6. Name and Address of Curren		7. Name and Address of New Registered Agent					
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RUSSILLO, PAUL 258 FLORIDA AVE.			Street Address (P.O. Box Number is Not Acceptable)					
CRYSTA	L BEACH FL 34681							
			City		F	Zip Cod	е	
8. The above the obliga	e named entity submits this statement titions of registered agent.	for the purpose of changing its re	gistered office or regi	stered agent, or both, in t	he State of Florida. I a	ım familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agent signature rec	juired when reinstating)	DAT	E		
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con				\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE	DPST	☐ Delete	TITLE		ST	Change	Addition	
NAME	RUSSILLO, PAUL		NAME		•			
STREET ADDRESS CITY-ST-ZIP	EGO I EGINDA ATE.		STREET ADDRESS CITY-ST-ZIP					
TITLE	CRYSTAL BEACH FL 34681	Delete	TITLE		D VP	Change	☐ Addition	
NAME	AZARA, JOHN	L. Delete	NAME		D VI	JES Change	☐ ∧ooition	
STREET ADDRESS			STREET ADDRESS	,				
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	الميد المناسب المناسب المراس المناسب		☐ Change	Addition	
NAME	HOGUE, NANCY		NAME					
STREET ADDRESS	1 0 DON 200	I	STREET ADDRESS			•		
CITY-ST-ZIP	DANVILLE VT 05828		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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

RICK- RUSSILLO

PALM HAR BOA, FL 34682

PO BOX 2472

SIGNATURE:

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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34682

727-786-4248

Change

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