

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

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

0000730

DOCUMENT # N02000006856

1. Entity Name

MARINA CLUB AT HARBOUR VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4620 SOUTH ATLANTIC AVE
PONCE INLET FL 32127

Mailing Address

4620 SOUTH ATLANTIC AVE
PONCE INLET FL 32127

2. Principal Place of Business

4622 Links Village Dr
Suite, Apt. #, etc.

3. Mailing Address

4622 Links Village Dr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Ponce Inlet, FL

City & State

Ponce Inlet, FL

4. FFI Number

06-1704523

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32127

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TREADWAY, FRED
4620 SOUTH ATLANTIC AVE
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name

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

4622 Links Village Dr

City

Ponce Inlet

FL

Zip Code

32127

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
After September 10, 2003, min will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, RICHARD A	
STREET ADDRESS	4620 SOUTH ATLANTIC AVE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	TREADWAY, FRED	
STREET ADDRESS	4620 SOUTH ATLANTIC AVE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CALLEA, CHARLES	
STREET ADDRESS	4620 SOUTH ATLANTIC AVE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Links	
STREET ADDRESS	4622 Links Village Dr	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

9-102 (386) 760-3434

Date

Daytime Phone #

CR2E037 (4/03)