

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02779

1. Entity Name

HARBOR POINTE WEST CONDOMINIUM ASSOCIATION OF DU

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90031 004 ****61.25

Principal Place of Business 340 CAUSEWAY BLVD. DUNEDIN FL 34698	Mailing Address 340 CAUSEWAY BLVD. DUNEDIN FL 34698-1794
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25	3. Mailing Address 251 WINDWARD PASSAGE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE F
City & State	City & State CLEARWATER FL.

4. FEI Number 59-2436110	Applied For <input type="checkbox"/> Not Applicable
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Zip 33767	Country	Zip 33767	Country PINELLAS
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NICHOLS, SHERON
C/O SHERON O NICHOLS PROPERTIES
251 WINDWARD PASSAGE SUITE G
CLEARWATER FL 34630

7. Name and Address of New Registered Agent

Name
SHERON NICHOLS

Street Address (P.O. Box Number is Not Accepted)
251 WINDWARD PASSAGE

Suite, Apt. #, etc.
SUITE F

City
CLEARWATER FL Zip Code
33767

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  DATE **2-01-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P <input checked="" type="checkbox"/> Delete
NAME	WILFERT, WILLIAM
STREET ADDRESS	340 CAUSEWAY BLVD.
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input type="checkbox"/> Delete
NAME	KANISKI, MAUREEN
STREET ADDRESS	340 CAUSEWAY BLVD.
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input type="checkbox"/> Delete
NAME	WRIGHT, VERNON
STREET ADDRESS	340 CAUSEWAY BLVD.
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MILLS, THOMAS
STREET ADDRESS	340 CAUSEWAY BLVD.
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input type="checkbox"/> Delete
NAME	ROGICH, LOUIS
STREET ADDRESS	340 CAUSEWAY BLVD.
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY DHONDT
STREET ADDRESS	2311 CAPE BEND AVE.
CITY-ST-ZIP	TAMPA, FL. 33613
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA DONOJAN
STREET ADDRESS	340 CAUSEWAY BLVD # 201
CITY-ST-ZIP	DUNEDIN, FL. 34698
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:  DATE **2-10-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)