

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90363 036 \*\*\*\*61.25

**DOCUMENT # N02961**

1. Entity Name

**HARBOUR WATERWAY ASSOCIATION, INC.**

Principal Place of Business <b>4492 HARBOUR NORTH CT JACKSONVILLE FL 32225 US</b>	Mailing Address <b>4492 HARBOUR NORTH CT JACKSONVILLE FL 32225 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2422614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**POOLE, STANLEY O**  
**4492 HARBOUR N. CT.**  
**JACKSONVILLE FL 32225**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>POOLE, STANLEY O</b> <b>4492 HARBOUR N. CT.</b> <b>JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MACCCURACH, CAROL</b> <b>1231 PORTSIDE DR</b> <b>JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CAMERON, RUSSELL</b> <b>4317 HARBOUR ISLAND</b> <b>JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BRANDE, MIKE</b> <b>4484 HARBOUR N. COURT</b> <b>JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fees empowered.

SIGNATURE: *Stanley O. Poole* SIGNATURE REQUIRED: **Stanley O. Poole** 4/30/02 904 279 6500

CR2E037 (9/01)