

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90013 039 ****61.25

DOCUMENT # N03567

1. Entity Name

HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

595 DREAM ISLAND RD
 LONGBOAT KEY FL 34228-1520

595 DREAM ISLAND RD
 LONGBOAT KEY FL 34228-1520

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

65-0047145

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

**PFLUGNER, GEOFFREY
 1 CARK MERRIU ET AL
 2033 MAIN ST, STE. 101
 SARASOTA FL 34237**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete
 NAME **BOLES, CLAUDE**
 STREET ADDRESS **2237 ROYAL RIDGE DR.**
 CITY-ST-ZIP **NORTHBROOK IL 60032**

TITLE **D** ☐ Change ☒ Addition
 NAME **BRIDGETT BURDICK**
 STREET ADDRESS **615 DREAM ISLAND ROAD**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **D** ☐ Delete
 NAME **WIPPERFURTH, WILLIAM**
 STREET ADDRESS **208 SHADY LANE, BOX 487**
 CITY-ST-ZIP **SPRING LAKE MI 49456**

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

TITLE **S** ☐ Delete
 NAME **BROOKS, JIM**
 STREET ADDRESS **615 DREAM ISLAND ROAD #304**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **VP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Delete
 NAME **GRIFFIN, TERRELL**
 STREET ADDRESS **1301 N LAKE SYBELIA DRIVE**
 CITY-ST-ZIP **MATLAND FL 32751**

TITLE **P** ☐ Change ☒ Addition
 NAME **DAVID DUJARDIN**
 STREET ADDRESS **615 DREAM ISLAND ROAD**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **D** ☐ Delete
 NAME **FURSE, ROGER**
 STREET ADDRESS **P.O. BOX 148 N/A**
 CITY-ST-ZIP **SILVER LAKE NH 03875**

TITLE **S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **STYLES, R. P. G.**
 STREET ADDRESS **8 YORKRIDGE ROAD WILLOWDALE**
 CITY-ST-ZIP **TORONTO, ONTARIO M291R**

TITLE **T** ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT STYLES TREASURER

DATE **MAR 6, 2002** **DAYTIME PHONE #** **941-383-9544**

CR2E037 (9/01)