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

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91092 035 ****61.25

U2044/8

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

☐ CHECK HERE IF MAKING CHANGES

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

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

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. 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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURDICK, BRIDGETT 615 DREAM ISLAND ROAD LONGBOAT KEY FL 34228	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, LARRY P.O. BOX 283 MINOCQUA, WI 54548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIPPERFURTH, WILLIAM 208 SHADY LANE, BOX 487 SPRING LAKE MI 49456	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOWAN, WILLIAM 2198 HERITAGE AVE OKEMOS, MI 48864	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROOKS, JIM 615 DREAM ISLAND ROAD #304 LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUJARDIN, DAVID 615 DREAM ISLAND ROAD LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FURSE, ROGER P.O. BOX 148 N/A SILVER LAKE NH 03875	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, ROBERT 2336 FAIRHAVEN ROAD DAVENPORT, IA 52803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STYLES, R. P. G. 8 YORKRIDGE ROAD WILLOWDALE TORONTO, ONTARIO M291R	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: R.G.P. STYLES SIGNATURE REQUIRED 03/12/03 383-9544