2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 24, 2002 8:00 am Secretary of State **DOCUMENT # N03705** 1. Entity Name HARBOUR RIDGE YACHT & COUNTRY CLUB, INC. 04-24-2002 90411 001 ***272.50 Principal Place of Business Mailing Address 12600 N.W. HARBOUR RIDGE BLVD. 12600 N.W. HARBOUR RIDGE BLVD. PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0129568 \$8.75 Additional - Country-Country----Zip. _ - Zip-- - - - - - -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NEARY, MICHAEL E. 12600 N.W. HARBOUR RIDGE BLVD. PALM CITY FL 34990 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change TITLE Delete TITLE NAME THOMPSON, BJORN J NAME STREET ADDRESS STREET ADDRESS 1613 NW SWEETBAY CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ۷Ď Change Delete TITLE TITLE SIMPSON, ROBERT C. NAME losch, shirley d NAME STREET ADDRESS **1626 SWEETBAY CIRCLE** 2603 JUNIPER CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM CITY FL 34990 PALM CITY FL 34990

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HYDE, EDWIN T.

PALM CITY FL 34990

PALM CITY FL 34990

CAIOLA, JAMES C.

13472 HARBOUR RIDGE BLVD.

1507 LANCEWOOD TERRACE

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:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SCHLANGER, CARL J

PALM CITY FL 34990

LINDBERG, CHARLES

NEARY, MICHAEL E.

PALM CITY FL

1648 BUTTONBUSH CIRCLE

13246 N.W. HARBOUR RIDGE BLVD

12600 N.W. HARBOUR RIDGE BLVD

772-336*-3000*

Daytime Phone #

Applied For

Not Applicable

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XAddition

Addition

XAddition

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