2000 UNIFORM BUSINESS REPORT (UBR)

4/14/10

FILED
Jul 06, 2000 8:00 am
Secretary of State
04-10-2000 90066 005 ****61.25

DOCUMENT # N05325

1. Entity Name

HOWELL HARBOR ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1005 HOWELL HARBOR DR CASSELBERRY FL 32707 US	PO BOX 181153 CASSELBERRY FL 32718-1153 US

DO NOT WRITE IN THIS SPACE

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 59-2582764 ☐ 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
PARKER, DAN 1005 HOWELL HARBOR DR. CASSELBERRY FL 32707	Name: MICHAEL LEHMAN Street Address (P.O. Box Number is Not Acceptable): 1009 HOWELL HARBOR DR City: CASSELBERRY FL Zip Code: 32707

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 _____ _____ 4/9/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBEY, ROBERT L. 1097 HOWELL HARBOR DR CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Michael Dolezal D 1044 Howell Harbor Dr Casselberry, Fl. 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARKER, DAN 1005 HOWELL HARBOR DR CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President D Michael Lehman D 1009 Howell Harbor Dr. Casselberry, Fl. 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMMS, GINA 1074 HOWELL HARBOR DR CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Faye Andrew 1092 Howell Harbor Dr Casselberry, Fl. 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRAGIN, ELIZABETH 1014 HOWELL HARBOR DR CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D Betty M. Brown D 1096 Howell Harbor Dr. Casselberry, Fl. 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Betty M. Brown TREASURER 4/4/00 407-696-5940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #