

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90273 034 ****61.25

DOCUMENT # N05325

1. Entity Name

HOWELL HARBOR ESTATES ASSOCIATION, INC.

Principal Place of Business

**1005 HOWELL HARBOR DR
 CASSELBERRY FL 32707
 US**

Mailing Address

**PO BOX 181153
 CASSELBERRY FL 32718-1153
 US**

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

**LEHMAN, MICHAEL
 1009 HOWELL HARBOR DRIVE
 CASSELBERRY FL 32707**

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

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
 After September 12, 2001, min. will be \$236.25**

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 **PD** ☐ Delete
 NAME **DOLEZAL, MICHAEL**
 STREET ADDRESS **1044 HOWELL HARBOR DRIVE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **VPD** ☐ Delete
 NAME **LEHMAN, MICHAEL**
 STREET ADDRESS **1009 HOWELL HARBOR DRIVE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **S** ☒ Delete
 NAME **ANDREW, FAYE**
 STREET ADDRESS **1092 HOWELL HARBOR DRIVE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **TD** ☒ Delete
 NAME **BROWN, BETTY M**
 STREET ADDRESS **1096 HOWELL HARBOR DRIVE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **S** ☒ Change ☐ Addition
 NAME **JULIE BOJADIJEV**
 STREET ADDRESS **1093 Howell Harbor Dr**
 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **TD** ☒ Change ☒ Addition
 NAME **MORRICAL, PAUL**
 STREET ADDRESS **1054 HOWELL HARBOR DR**
 CITY-ST-ZIP **CASSELBERRY, FL 32707**

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

TITLE ☐ 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: *Paul Morrical* **Morrical** 8-31-01 407-261-5619

CR2E037 (5/01)