

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

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90060 018 \*\*\*\*\*61.25

0003809

**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

7. Name and Address of New Registered Agent

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

Name **COLEY, JAMES**

Street Address (P.O. Box Number is Not Acceptable)

**1054 HOWELL HARBOR DRIVE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**JAMES M. COLEY, TREASURER 7/16/03**

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 10, 2003, min will be \$236.25**

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 **VPD** ☐ Delete  
NAME **HARKINS, KATHLEEN**  
STREET ADDRESS **1040 HOWELL HARBOR DR**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **SPENCER, BETTY**  
STREET ADDRESS **1013 HOWELL HARBOR DR**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **GOLDSMITH, KAREN**  
STREET ADDRESS **1033 HOWELL HARBOR DR**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **S** ☐ Delete  
NAME **HOSNI, YASSER**  
STREET ADDRESS **1029 HOWELL HARBOR DR**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE **TD** ☐ Delete  
NAME **MORRICAL, PAUL**  
STREET ADDRESS **1054 HOWELL HARBOR DRIVE**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **TD** ☒ Change ☐ Addition  
NAME **COLEY, JAMES**  
STREET ADDRESS **1054 HOWELL HARBOR DR.**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*[Signature]* **JAMES M. COLEY 7/16/03 407-312-4887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)