

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0007730

DOCUMENT # N11349

03-19-2001 90049 048 ****61.25

1. Entity Name

HARBOUR POINTE AT CAMACHEE ISLAND CONDOMINIUM AS

Principal Place of Business

3606
~~3610~~ HARBOR DR
 ST AUGUSTINE FL 32095
 US

Mailing Address

3608
 3610 HARBOR DR
 ST AUGUSTINE FL 32095
 US

00035002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

3608 Harbor Drive

City & State

St. Augustine, FL

4. FEI Number

59-2785680

Applied For

Not Applicable

NA

Zip

Country

Zip

Country

32084

US

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

NA

GRUENTHER, RICHARD
3604 HARBOR DR
ST. AUGUSTINE FL 32095

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

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	DP	<input type="checkbox"/> Delete
NAME	GRUENTHER, RICHARD	
STREET ADDRESS	3604 HARBOR DR	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GODTHWAITE, ELIZABETH	
STREET ADDRESS	3601 HARBOR DR	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FREDETTE, CLAIRE	
STREET ADDRESS	3605 HARBOR DR	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STELLING, FRANCES	
STREET ADDRESS	3608 HARBOR DR	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PRICE, BRAXTON DR	
STREET ADDRESS	3507 HARBOR DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gruenther, Richard	
STREET ADDRESS	3604 Harbor Dr.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldthwaite, Elizabeth	
STREET ADDRESS	3601 Harbor Dr.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fredette, Claire	
STREET ADDRESS	3605 Harbor Dr.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stelling, Frances	
STREET ADDRESS	3608 Harbor Dr.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Birgauer, Ronald	
STREET ADDRESS	3606 Harbor Dr.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2001
 Date

904 8298105
 Daytime Phone #

CR2E037 (10/00)