

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2000 8:00 am**
Secretary of State

05-03-2000 90118 041 ****61.25

DOCUMENT # N12494

1. Entity Name

THE HARBORAGE OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5000 HARBORAGE DR
FT. MYERS FL 33908
US****5000 HARBORAGE DR
FT. MYERS FL 33908-4526
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

59-2705605

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

**ADAMS, JOSEPH
13515 BELL TOWER DR
SUITE 101
FT MYERS FL 33907**

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 **D** ☒ Delete
NAME **COMBS, RONALD**
STREET ADDRESS **5481 HARBORAGE DR**
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE ☐ Change ☒ Addition
NAME **S/T Jack Frahman**
STREET ADDRESS **5501 Harborage Dr.**
CITY-ST-ZIP **Ft. Myers, FL 33908**TITLE **D** ☐ Delete
NAME **NOUGHTON, LARRY**
STREET ADDRESS **5601 HARBORAGE DR**
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Delete
NAME **KELLEY, THOMAS**
STREET ADDRESS **5740 HARBORAGE DR**
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE **D** ☐ Change ☒ Addition
NAME **Rick Stalvey**
STREET ADDRESS **5170 Harborage Dr.**
CITY-ST-ZIP **Ft. Myers, FL 33908**TITLE **PD** ☒ Delete
NAME **KLINE, ROBERT**
STREET ADDRESS **5900 HARBORAGE DR.**
CITY-ST-ZIP **FT MYERS FL 33908**TITLE **D** ☐ Change ☒ Addition
NAME **Roger Pickart**
STREET ADDRESS **5551 Harborage Dr.**
CITY-ST-ZIP **Ft. Myers, FL 33908**TITLE **D** ☐ Delete
NAME **SENNEFF, STUART**
STREET ADDRESS **5390 HARBORAGE DR**
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **METCALFE, GERALD**
STREET ADDRESS **5441 HARBORAGE DR**
CITY-ST-ZIP **FT MYERS FL 33908**TITLE **D** ☐ Change ☒ Addition
NAME **Karl Landsteiner**
STREET ADDRESS **5500 Harborage Dr.**
CITY-ST-ZIP **Ft. Myers, FL 33908**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

N12494
00082475

Harborage Owner's Assoc.
Continuation Sheet

D
Ariel Nevares
5160 Harborage Drive
Ft. Myers, FL 33908