

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90117 009 ****61.25

DOCUMENT # N12494

1. Entity Name

THE HARBORAGE OWNERS' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2705605

Applied For

Not Applicable

Zip

Country

Zip

Country

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 NAME STREET ADDRESS CITY-ST-ZIP	TS FRAHMAN, JACK 5501 HARBORAGE DRIVE FORT MYERS FL 33908	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOUGHTON, LARRY 5601 HARBORAGE DR FORT MYERS FL 33908	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALVEY, RICK 5170 HARBORAGE DRIVE FORT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKART, ROGER 5551 HARBORAGE DRIVE FT MYERS FL 33908	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SENNEFF, STUART 5390 HARBORAGE DR FORT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDSTEINER, KARL 5500 HARBORAGE DRIVE FT MYERS FL 33908	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Burgess, Deanna 5210 Harborage Dr. Ft. Myers, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Byal, Tim 5610 Harborage Dr. Ft. Myers, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carlson, Randy 5321 Harborage Dr. Ft. Myers, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McBride, Ruth Ann 5180 Harborage Dr. Ft. Myers, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wenger, Gary 5220 Harborage Dr. Ft. Myers, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P	☒ Change ☐ Addition

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 (10/00)