

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90333 035 ****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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☒ Delete
 NAME **BURGESS, DEANNA**
 STREET ADDRESS **5201 HARBORAGE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **DT** ☒ Change ☐ Addition
 NAME **HARLEY C. HELM**
 STREET ADDRESS **5150 HARBORAGE DR**
 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **D** ☒ Delete
 NAME **BYAL, TIM**
 STREET ADDRESS **5610 HARBORAGE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **VP** ☐ Change ☐ Addition
 NAME **LARRY NAUGHTON**
 STREET ADDRESS **5601 HARBORAGE DR.**
 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **D** ☒ Delete
 NAME **STALVEY, RICK**
 STREET ADDRESS **5170 HARBORAGE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **DS** ☒ Change ☐ Addition
 NAME **JOHANNA SPIROPOLOUS**
 STREET ADDRESS **5421 HARBORAGE DR.**
 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **D** ☐ Delete
 NAME **CARLSON, RANDY**
 STREET ADDRESS **5321 HARBORAGE DRIVE**
 CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **SAME** ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
 NAME **SENNEFF, STUART**
 STREET ADDRESS **5390 HARBORAGE DR**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☒ Change ☐ Addition
 NAME **STUART SENNEFF**
 STREET ADDRESS **5390 HARBORAGE DR**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **DP** ☒ Delete
 NAME **LANDSTEINER, KARL**
 STREET ADDRESS **5500 HARBORAGE DRIVE**
 CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **DP** ☒ Change ☐ Addition
 NAME **MARY ELEN BARNUP**
 STREET ADDRESS **5560 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:

Harley C. Helm **7/8/02** **239-466-4990**

CR2E037 (4/02)