

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12849

1. Entity Name

HARBOR INN AT THE MOORINGS ASSOCIATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90145 012 ****61.25

Principal Place of Business

2125 WINDWARD WAY
VERO BEACH FL 32963

Mailing Address

C/O VISTA PROPERTIES MGMT INC
100 VISTA ROYALE BLVE
VERO BEACH FL 32962
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2624345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, JOHN
2135 WINDWARD WAY #310
VERO BEACH FL 32963

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 **SD** ☐ Delete
NAME **ROBERT, SULLIVAN**
STREET ADDRESS **2115 WINDWARD WAY**
CITY-ST-ZIP **VERO BEACH FL**

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

TITLE **VPD** ☐ Delete
NAME **KENYON, ROBERT**
STREET ADDRESS **2135 WINDWARD WAY #309**
CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE **D** ☒ Delete
NAME **MACFARLAND, LANNING**
STREET ADDRESS **2115 WINDWARD WAY**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Horner, John (Jack)**
STREET ADDRESS **2140 Spinglass Lane #212**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **TD** ☒ Delete
NAME **STEVENS, GEORGE**
STREET ADDRESS **2135 WINDWARD WAY**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **TD** ☐ Change ☒ Addition
NAME **Rice, Larry**
STREET ADDRESS **2135 Windward Way #108**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **PD** ☐ Delete
NAME **WEBB, JOHN**
STREET ADDRESS **2135 WINDWARD WAY, #310**
CITY-ST-ZIP **VERO BEACH FL**

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 REQUIRED

John C. Webb, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)