

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90003 035 ****61.25

DOCUMENT # N12869

1. Entity Name

HARBOUR CIRCLE AT LONGBOAT KEY CLUB ASSOCIATION,

Principal Place of Business

**HARBOUR OAKS DR
 LONGBOAT KEY FL 34228
 US**

Mailing Address

**5500 MARINA DR.
 STE ONE
 HOLMES BCH FL 34217
 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

59-2671856

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HEROLD, WILLIAM M., JR.
 5500 MARINA DR.
 HOLMES BCH FL 34217**

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

TITLE **D/P** ☐ Delete
 NAME **MUELLER, ALBERT**
 STREET ADDRESS **8 TIMBERLANE COURT**
 CITY-ST-ZIP **DEARBORN MI**

TITLE **D** ☒ Delete
 NAME **KARSH, CARL**
 STREET ADDRESS **2352 HARBOUR OAKS DR.**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **SD** ☐ Delete
 NAME **MONNIG, PHILIP**
 STREET ADDRESS **2360 HARBOUR OAKS DR**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DT** ☐ Change ☒ Addition
 NAME **Louis Levy**
 STREET ADDRESS **2303 Harbour Oaks Dr**
 CITY-ST-ZIP **Longboat Key, FL 34228**

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

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

TITLE ☐ Change ☐ Addition
 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
ALBERT MUELLER

6/29/01

CR2E037 (10/00)