## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2002 8:00 am Secretary of State **DOCUMENT # N12869** 1. Entity Name HARBOUR CIRCLE AT LONGBOAT KEY CLUB ASSOCIATION. 04-23-2002 90351 015 \*\*\*\*61.25 INC. Principal Place of Business Mailing Address HARBOUR OAKS DR 5500 MARINA DR. LONGBOAT KEY FL 34228 STE ONE HOLMES BCH FL 34217 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2671856 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANAGEMENT CORP HEROLD, WILLIAM M., JR. 1SCES 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, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution П Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **☑** Delete TITLE TITI F (9/01)☐ Addition MUELLER, ALBERT NAME NAME STREET ADDRESS 8 TIMBERLANE COURT STREET ADDRESS CITY-ST-ZIP DEARBORN MI CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition Levy. Louis NAME NAME Levy, Louis 2303 HARBOUR OAKS DRIVE 2303 HALBOUR OAKS DRIVE STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP LONGBOAT KLY, FL 34228 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition MONNIG PHILIP NAME NAME \_\_\_\_ 2360 HARBOUR OAKS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL CITY-ST-ZIP TITLE ☐ Delete TITLE PD Change Addition NAME ALL WOOD, ART NAME HARBOUR DAKS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LONGBOAT Key, FL 34228 VER DIRECTOR TITLE ☐ Delete TITLE Change NAME NAME KArsh, CARL HARBOUR DAILS Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Addition NAME STREET ADDRESS STREET ADDRESS

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 a other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER