

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90270 027 ****61.25

0056019

DOCUMENT # N12869	
1. Entity Name HARBOUR CIRCLE AT LONGBOAT KEY CLUB ASSOCIATION, INC.	

Principal Place of Business HARBOUR - Circle LONGBOAT KEY FL 34228 US	Mailing Address 5500 MARINA DR. STE ONE HOLMES BCH FL 34217 US
--	---

11013524



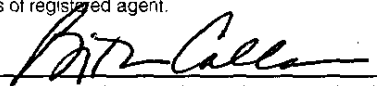
☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business HARBOUR Circle Suite, Apt. #, etc.		3. Mailing Address 595 BAY ISLES RD Suite, Apt. #, etc. 201	
City & State Longboat Key, FL		City & State Longboat Key, FL	
Zip 34228	Country USA	Zip 34228	Country USA

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 BETH CALLANS MGMT. CORP. 595 BAY ISLES RD #201 LONGBOAT KEY FL 34228	
---	--

7. Name and Address of New Registered Agent Beth Callans Management Corp. 595 Bay Isles Road Suite 201 Longboat Key, FL 34228	
--	--

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 	DATE APR - 7 2003

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
---------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVY, LOUIS 2303 HARBOUR OAKS DRIVE LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONNIG, PHILIP 2360 HARBOUR OAKS DR LONGBOAT KEY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, ART HARBOUR OAKS DRIVE LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARSH, CARL HARBOUR OAKS DRIVE LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP St. Genis, John 2301 Harbour Oaks Dr. Longboat Key FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: 	DATE 4/24/03
---	----------------------------

CR2E037 (10/02)