

2001 UNIFORM BUSINESS REPORT (UBR)

1/18/01-9

FILED
Feb 03, 2001 8:00 am
Secretary of State

01-18-2001 90010 008 ****61.25

DOCUMENT # N15689

1. Entity Name

HARBOR ISLES CONDOMINIUM ASSOCIATION OF BREVARD,

Principal Place of Business

600 S. BREVARD AVE.
COCOA BCH. FL 32931

Mailing Address

600 S. BREVARD AVE.
COCOA BCH. FL 32931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2857032

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BECKER & POLIAKOFF C/O C. JOHN CHRISTENSEN
901 N. DESTINY DRIVE
SUITE 145
MAITLAND FL 32751

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	D	<input type="checkbox"/> Delete
NAME	FALLEN, THEODORE	
STREET ADDRESS	630 S. BREVARD AVE. #1111	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNT, LAURIE	
STREET ADDRESS	540 S. BREVARD AVE #417	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWLES, EUGENE	
STREET ADDRESS	520 S. BREVARD AVE #212	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINES, IRENE	
STREET ADDRESS	560 S. BREVARD AVE #613	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEWELL, USA	
STREET ADDRESS	520 S. BREVARD AVE #236	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMOND GAUDREAU	
STREET ADDRESS	630 S. Brevard Ave. #1136	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Meyer	
STREET ADDRESS	520 South Brevard Ave # 222	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURIE HUNT	
STREET ADDRESS	540 S. Brevard Ave. #417	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Lamberton	
STREET ADDRESS	560 S. Brevard Ave. # 632	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN P. HURI	
STREET ADDRESS	560 S. Brevard Ave. #634	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01 321-799-8139

Date

Daytime Phone #

JOHN P. HURI
John P. Huri Secretary

CR2E037 (10/00)