

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90087 004 \*\*\*\*61.25

**DOCUMENT # N15689**

1. Entity Name

**HARBOR ISLES CONDOMINIUM ASSOCIATION OF BREVARD, INC.**

Principal Place of Business

600 S. BREVARD AVE.  
 COCOA BCH. FL 32931

Mailing Address

600 S. BREVARD AVE.  
 COCOA BCH. FL 32931

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 **59-2857032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



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 SUITE 209**  
**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

*John P. Huri*

**JOHN P. HURI DIRECTOR**

**1-14-02**

(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 checked="" type="checkbox"/> Delete
NAME	GAUDREAU, ARMOND	
STREET ADDRESS	630 S BREVARD AVE #1136	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEYER, CHARLES	
STREET ADDRESS	520 SOUTH BREVARD AVE #222	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNT, LAURIE	
STREET ADDRESS	540 S BREVARD AVE #417	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMBERTON, ELIZABETH	
STREET ADDRESS	560 S BREVARD AVE #632	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURI, JOHN P	
STREET ADDRESS	560 S BREVARD AVE #634	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGITT, CHARLES	
STREET ADDRESS	540 S. BREVARD AVE #411	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILFOYLE, JOHN	
STREET ADDRESS	630 S. BREVARD AVE #1131	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO JIM	
STREET ADDRESS	580 S. BREVARD AVE #833	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG GERALD	
STREET ADDRESS	540 S. BREVARD AVE #415	
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:

*John P. Huri*  
**JOHN P. HURI DIRECTOR**

**DIRECTOR**

**1-14-02**

**799-6139**

(Signature, typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (9/01)