

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N19372**

1. Entity Name

**HARBOUR OAKS TOWNE HOME CONDOMINIUM ASSOCIATION.**

Principal Place of Business

DEAN AVARY/HARBOUR OAKS  
801 SE 16TH CT., #8  
FT. LAUDERDALE FL 33316  
US

Mailing Address

DEAN AVARY/HARBOUR OAKS  
801 SE 16TH CT., #8  
FT. LAUDERDALE FL 33316-2900  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0011241

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

AVARY, DEAN W  
801 SE 16TH CT  
#8  
FT. LAUDERDALE FL 33316

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 fee, 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 PD  
NAME AVARY, DEAN  
STREET ADDRESS 801 SE 16 CT #8  
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ DeleteTITLE TD  
NAME CLIFFORD, PASSELL  
STREET ADDRESS 801 SE 16 CT #7  
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ DeleteTITLE VD  
NAME MALLARDI, RICHARD  
STREET ADDRESS 801 SE 16 ST #2  
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ DeleteTITLE SD  
NAME DAVIDSAVER, GLORIA  
STREET ADDRESS 801 SE 16TH CT #4  
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ DeleteTITLE D  
NAME FRISA, JOAN  
STREET ADDRESS 801 SE 16 CT #12  
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90069 025 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

N/A  
26 JAN 00

26 JAN 00 954-523-95