2002 UNIFORM BUSINESS REPORT (UBR) Mar 18, 2002 8:00 am **DOCUMENT # N21062** 1. Entity Name **Secretary of State** SAIL HARBOR PROPERTY OWNERS' ASSOCIATION, INC. 03-18-2002 90073 028 ****61.25 Principal Place of Business Mailing Address 1566 MARY LANE 1566 MARY LANE TARPON SPRINGS FL 34689 TARPON-SPRINGS FL 34680-2. Principal Place of Business 3. Mailing Address 799 - B M. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2813388 Not Applicable 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 AMERI-TECH REALTY INC Street Address (P.O. Box Number is Not Acceptable) **CLEMENT, MAURCIE R** -1571 MARY LN. TARPON SPRING FL 24689 1799-B North Belcher Rd City Zip Code 33765 Clearwater 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☑ Delete Addition (9/01) TITLE TITLE Change Richard Woods 1413 Sqil Haibor Circle WILLIAMS, JAMES NAME NAME 11550 TARPON SPRINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ODESSA FL** Tarpoir Springs, FL. 34689 CITY-ST-ZIP TITLE Delete TITLE Addition YPO GRIFFITH, RICHARD C. Marvin Anderson NAME NAME 1875 BELLEAIR RD STREET ADDRESS STREET ADDRESS 517 Mary La CITY-ST-ZIP-CLAEARWATER FL-CITY-ST-ZIP 34689 ✓ Delete Addition TITLE TITLE CARTER, DAVID R. NAME NAME 7419 U.S. HIGHWAY 19 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP CITY-ST-ZIP 34689 Delete TITLE TITLE Addition LINDSEY, LAWRENCE D Laura Hdam. NAME NAME 155 MARY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIE 34689 **√** Delete Addition TITLE Change STUEHRENBERG, CHRISTOPHER NAME NAME 1520 JADE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TARPON SPRINGS FL 34689** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and Goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OFFINITED NAME OF SIGNING OFFICER OR DIRECTOR DIREC

changed, or on an at