

DOCUMENT # N22099

1. Entity Name

HARBOR OAKS AREA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90041 008 \*\*\*\*61.25

Principal Place of Business

5518 WEST BAYSHORE DRIVE  
PORT ORANGE FL 32127

Mailing Address

5518 WEST BAYSHORE DRIVE  
PORT ORANGE FL 32127

2. Principal Place of Business

426 Cactus St.

Suite, Apt. #, etc.

3. Mailing Address

426 Cactus St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Port Orange Fl.

City &amp; State

Port Orange Fl.

4. FEI Number

59-2840125

Applied For

Not Applicable

Zip

32127

Country

Volusia

Zip

32127

Country

Volusia

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, GLORIA J  
426 CACTUS ST  
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAINES, LARRY	
STREET ADDRESS	413 ACAEIA CIRCLE	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, GLORIA	
STREET ADDRESS	426 CACTUS ST	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	S	<input type="checkbox"/> Delete
NAME	VIRGINIA JAMES	
STREET ADDRESS	23 E BAYSHORE DR	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, CHARLES D	
STREET ADDRESS	426 CACTUS ST	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOANNE THOMAS	
STREET ADDRESS	418 ACACIA CIR	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, BOB	
STREET ADDRESS	5583 LANCEWOOD DR	
CITY-ST-ZIP	PT ORANGE FL 32127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. Miller, Gloria J.	
STREET ADDRESS	426 Cactus St.	
CITY-ST-ZIP	Port Orange, Fl. 32127	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reed, Russell	
STREET ADDRESS	5518 W. Bayshore Drive	
CITY-ST-ZIP	Port Orange, Fl. 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brownell, Carol	
STREET ADDRESS	35 E. Bayshore Dr.	
CITY-ST-ZIP	Port Orange, Fl. 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No change	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2001

Date

904-761-5242

Daytime Phone #

CR2E037 (10/00)