

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22099

1. Entity Name

HARBOR OAKS AREA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

426 CACTUS ST  
PORT ORANGE FL 32127

426 CACTUS ST  
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2840125

Applied For  
Not Applicable

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

MILLER, GLORIA J  
426 CACTUS ST  
PORT ORANGE FL 32127

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

TITLE P  
NAME MILLER, GLORIA J  
STREET ADDRESS 426 CACTUS ST  
CITY-ST-ZIP PT ORANGE FL 32127 ☐ Delete

TITLE VP  
NAME REED, RUSSELL  
STREET ADDRESS 5518 W BAYSHORE DRIVE  
CITY-ST-ZIP PT ORANGE FL 32127 ☐ Delete

TITLE S  
NAME VIRGINIA JAMES  
STREET ADDRESS 23 E BAYSHORE DR  
CITY-ST-ZIP PT ORANGE FL 32127 ☐ Delete

TITLE T  
NAME MILLER, CHARLES D  
STREET ADDRESS 426 CACTUS ST  
CITY-ST-ZIP PT ORANGE FL 32127 ☐ Delete

TITLE D  
NAME BROWNELL, CAROL  
STREET ADDRESS 35 E BAYSHORE DR  
CITY-ST-ZIP PT ORANGE FL 32127 ☐ Delete

TITLE D  
NAME JOHNSTON, BOB  
STREET ADDRESS 5583 LANCEWOOD DR  
CITY-ST-ZIP PT ORANGE FL 32127 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:

MILLER, GLORIA J

Date

Daytime Phone #

0001588

CR2E037 (9/01)