

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90003 035 ****61.25

0001588

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, GLORIA J	
STREET ADDRESS	426 CACTUS ST	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REED, RUSSELL	
STREET ADDRESS	5518 W BAYSHORE DRIVE	
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 type="checkbox"/> Delete
NAME	BROWNELL, CAROL	
STREET ADDRESS	35 E BAYSHORE DR	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
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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)(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 1-6-02 386-761-5242
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)