2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State **DOCUMENT # N25759** HARBOR LIGHTS MOBILE HOME OWNERS ASSOCIATION, IN 03-04-2000 90021 017 ****61.25 Mailing Address Principal Place of Business 617 N TAMIAMI TR #66 617 N TAMIAMI TR #66 VENICE FL 34292-1029 VENICE FL 34292-1029 U NO U U U L 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0124904 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7.- Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MURRAY, CYNTHIA 617 N TAMIAMI TR 66 VENICE FL 34292-1029 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Change X Addition PD X Delete TITLE TITLE LAING, CASEY A GROSSMITH, SETH NAME NAME STREET ADDRESS STREET ADDRESS 617 N TAMIAMI TR #60 617 N. Tamiami Trail, #120 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 VENICE FL 34292 Change Addition ☐ Delete TITLE TITLE TD NAME MURRAY, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 617 N TAMIAMI TR #66 CITY-ST-ZIP -CITY-ST-ZIP VENICE FL 34292 ~ D Change X Addition Delete TITLE TITLE PUDDISTER, Cyril Brugh, Gertrude NAME NAME STREET ADDRESS STREET ADDRESS 617 N TAMIAMI TR #110 617 N. Tamiami Trail, #151 CITY-ST-ZIP CITY-ST-ZIP Venice, FL 34292 VENICE FL 34292 (X) Addition Change SD TITLE SD Delete TITLE DEPPER, Thomas Gross**k**mith, seth NAME NAME STREET ADDRESS 617 N TAMIAMI TRAIL #120 STREET ADDRESS 617 N. Tamiami Trail, #106 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Venice, FL 34292 ☐ Addition ☐ Change TITLE ☐ Delete TITLE FAULK, MARGUERITE NAMÉ NAME STREET ADDRESS STREET ADDRESS 617 N TAMIAMI TR. #72 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292-1029 ☐ Change ☐ Addition TITLE Delete TITLE RUTISHAUSER, HELEN NAME NAME STREET ADDRESS STREET ADDRESS |617 N TAMIAMI TR #143 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 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.