

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N25759**

1. Entity Name

HARBOR LIGHTS MOBILE HOME OWNERS ASSOCIATION, IN

Principal Place of Business

**617 N TAMiami TR #66
VENICE FL 34292-1029**

Mailing Address

**617 N TAMiami TR #66
VENICE FL 34292-1029**

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

65-0124904

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

**MURRAY, CYNTHIA
617 N TAMiami TR 66
VENICE FL 34292-1029**

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

*Cynthia Murray***Cynthia Murray, Treasurer****March 2, 2001**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GROSSMITH, SETH
617 N TAMiami TR #60
VENICE FL 34292** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ST. HILAIRE, PHYLLIS
617 N.Tamiami Trail, #52
VENICE, FL 34292** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MURRAY, CYNTHIA
617 N TAMiami TR #66
VENICE FL 34292** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PUDDISTER, CYRIL
617 N TAMiami TR #110
VENICE FL 34292** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DEPPER, THOMAS
617 N TAMiami TRAIL #120
VENICE FL 34292** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAULK, MARGUERITE
617 N TAMiami TR. #72
VENICE FL 34292-1029** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUTISHAUSER, HELEN
617 N TAMiami TR #143
VENICE FL 34292** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARRISON, Jean
617 N.Tamiami Trail, #130
Venice, FL 34292** ☐ Change ☒ Addition

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:

Cynthia Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**March 2, 2001 941-484-8035**

Date

Daytime Phone #

**FILED
Mar 05, 2001 8:00 am
Secretary of State**

03-05-2001 90363 013 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)