

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90122 019 \*\*\*\*61.25

**DOCUMENT # N25759**

1. Entity Name

**HARBOR LIGHTS MOBILE HOME OWNERS ASSOCIATION, IN C.**



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

**617 N. Tamiami TR #52**

3. Mailing Address

**617 N. Tamiami TR #52**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Venice, FL**

City & State

**Venice, FL**

Zip

**34292-1029**

Country

**U.S.A.**

Zip

**34292-1029**

Country

**U.S.A.**

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

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

7. Name and Address of New Registered Agent

Name

**St. Hilaire, Phyllis**

Street Address (P.O. Box Number is Not Acceptable)

**617 N. Tamiami Trail, #52**

City

**Venice, FL**

**FL**

Zip Code

**34292-1029**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**Phyllis St. Hilaire, President**

(NOTE: Registered Agent signature required when reinstating)

**March 3, 2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>PD ST HILAIRE, PHYLLIS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>617 N TAMiami TRAIL #52</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE NAME	<b>TD MURRAY, CYNTHIA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>617 N TAMiami TR #66</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE NAME	<b>D PUDDISTER, CYRIL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>617 N TAMiami TR #110</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE NAME	<b>SD DEPPER, THOMAS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>617 N TAMiami TRAIL #120</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE NAME	<b>D FAULK, MARGUERITE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>617 N TAMiami TR. #72</b>	
CITY-ST-ZIP	<b>VENICE FL 34292-1029</b>	
TITLE NAME	<b>D GARRISON, JEAN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>617 N TAMiami TRAIL #130</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Director UTLEY, John</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>617 N. Tamiami Trail, #103</b>	
CITY-ST-ZIP	<b>Venice, FL 34292</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

**Cynthia Murray March 3, 2003 941 484 8025**

CR2E037 (10/02)