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

**FILED**
**Jun 04, 2003 8:00 am**
**Secretary of State**
05-07-2003 90176 013 ****61.25

000349

DOCUMENT # N29965

1. Entity Name
HARBOUR NORTH PARK ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4581 HARBOUR NORTH COURT<br>JACKSONVILLE FL 32225<br>US | C/O BARRY B. ANSBACHER, P.A.<br>1301 RIVERPLACE BLVD. #2450<br>JACKSONVILLE FL 32207 |

☐ CHECK HERE IF MAKING CHANGES

| 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 59-3033132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ANABACHER, BARRY B P.A.~~
1301 RIVERPLACE BLVD., STE. 2450
JACKSONVILLE FL 32207
Same entity Corp. name change for reg. agent.

7. Name and Address of New Registered Agent

Name: Ansbacher & McKeel, P.A.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [s] Barry B. Ansbacher, Pres. 3/31/05
Signature, typed or printed name of reg istered 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 Florida Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HIBBARD, WILLIAM K<br>4636 HARBOUR NORTH COURT<br>JACKSONVILLE FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P & D<br>Hibbard, William K<br>4636 Harbour North Court<br>Jacksonville, FL 32225 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>VOSS, JAMES<br>4573 HARBOUR NORTH COURT<br>JACKSONVILLE FL 32225 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LEE, ROBY<br>4581 HARBOUR NORTH COURT<br>JACKSONVILLE FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LEE, CARLENE<br>4581 HARBOUR NORTH COURT<br>JACKSONVILLE FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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: William K Hibbard JR VICE PRESIDENT 4-11-03 904-727-2061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #