

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32272

1. Entity Name

HARMONY SHORES BUSINESS ASSOCIATION, INC.

2

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90235 049 ****61.25

Principal Place of Business 3078 TAMiami TRAIL SOUTH NAPLES FL 33962 US	Mailing Address C/O LOPES, 221 MANGO NAPLES FL 34112 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0158071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

LOPES, GEORGE
 221 MANGO DR
 NAPLES FL 34112

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPES, GEORGE	
STREET ADDRESS	221 MANGO DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HASKELL, ALBERT	
STREET ADDRESS	5 BAMBOO DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARTHUR, CHUCK	
STREET ADDRESS	49 MANGO DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	S	<input type="checkbox"/> Delete
NAME	HACKETT, MARGARET	
STREET ADDRESS	84 RIVER DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUELLEN, MARYELLEN	
STREET ADDRESS	2 BAMBOO DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RARDIN, ELINORE	
STREET ADDRESS	112 LAKESIDE DRIVE	
CITY-ST-ZIP	NAPLES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTY KNIGHT	
STREET ADDRESS	47 MANGO DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT HASKELL	
STREET ADDRESS	5 BAMBOO DR	
CITY-ST-ZIP	NAPLES, FL, 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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 817, 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: Albert Haskell DATE: 9/13/2000 DAYTIME PHONE #: (941) 732-5283

CR2E037 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32272

1. Entity Name

HARMONY SHORES BUSINESS ASSOCIATION, INC.

Attachment
D# N32272
B0105902

Principal Place of Business

Mailing Address

3078 TAMiami TRAIL SOUTH
NAPLES FL 33962
US

C/O LOPES, 221 MANGO
NAPLES FL 34112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

© Charles American

City & State

4. FEI Number

65-0158071

Applied For

Not Applicable

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
PATTY KNIGHT
47 MANGO
NAPLES, FL 34112

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
ALBERT HASKELL
5 BAMBOO DR
NAPLES, FL 34112

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LUELLEN, MARYELLEN
2 BAMBOO DR
NAPLES FL

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RARDIN, ELINORE
112 LAKESIDE DRIVE
NAPLES FL

Change Addition

PAY TO THE ORDER OF
 HARMONY SHORES ASSOCIATION
 3078 TAMiami TRAIL S.
 NAPLES, FL 34112
 \$110,200.00
 \$61.25
 4/10/2000
 351
 Department of State
 First one and 25/100
 Albert Haskell

(OVER)

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 info empowered.

Albert Haskell

4/10/2000 (941)732-6283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: mo - year