

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42119

1. Entity Name

HARBOUR HOMES AT HARBOUR ISLAND NEIGHBORHOOD ASS

Principal Place of Business

424 KNIGHTS RUN AVE
TAMPA FL 33602
US

Mailing Address

424 KNIGHTS RUN AVE
TAMPA FL 33602-5714
US

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

59-3095803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
C/O CALDWELL, CRAIG
3001 EXECUTIVE DR., STE. 260
CLEARWATER FL 33602

Name

Street

City

7. Name and Address of New Registered Agent

Condominium Associates
Patricia Stewart, AMS®
424 Knights Run Avenue
Tampa, FL 33602

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

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

PATRICIA STEWART, AMS®
PROPERTY MANAGER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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

TITLE DT ☐ Delete
NAME LOCKETT, JOHN
STREET ADDRESS 602 SEABREEZE CT
CITY-ST-ZIP TAMPA FL

TITLE DV ☐ Delete
NAME BAKKER, ROBERT
STREET ADDRESS 1093 SHIPWATCH CR
CITY-ST-ZIP TAMPA FL

TITLE D ☒ Delete
NAME LOGSDON, J
STREET ADDRESS 1150 SHIPWATCH CIR
CITY-ST-ZIP TAMPA FL

TITLE DP ☒ Delete
NAME TIERNEY, J
STREET ADDRESS 608 SEABREEZE CT
CITY-ST-ZIP TAMPA FL

TITLE DS ☐ Delete
NAME SCHAUER, JOYCE
STREET ADDRESS 1128 SHIPWATCH CR
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Change ☐ Addition
NAME Lockett, Jack
STREET ADDRESS 602 Seabreeze Court
CITY-ST-ZIP Tampa, FL 33602

TITLE DP ☒ Change ☐ Addition
NAME Bakker, Robert
STREET ADDRESS 1093 Shipwatch Circle
CITY-ST-ZIP Tampa, FL 33602

TITLE DS ☐ Change ☒ Addition
NAME Logsdon, Gloria
STREET ADDRESS 1150 Shipwatch Circle
CITY-ST-ZIP Tampa, FL 33602

TITLE D ☐ Change ☒ Addition
NAME Werner, Kathleen
STREET ADDRESS 905 Crow's Nest Lane
CITY-ST-ZIP Tampa, FL 33602

TITLE DVP ☒ Change ☐ Addition
NAME Schauer, Joyce
STREET ADDRESS 1128 Shipwatch Circle
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Change ☐ 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000

88-223-2201

Date

Daytime Phone #

CR2E037 (9/99)