## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNII

## FILED DOCUMENT # **N50415** May 19, 2000 8:00 am Secretary of State HARBOR VILLAGE AT GRAND HARBOR CONDOMINIUM ASSOC 05-19-2000 90060 033 \*\*\*\*61.25 Principal Place of Business Mailing Address 4820 20IH AVE. 4820 20TH\_AVE. VERO BCH FL 32967-1511 vero BCH FL 32967 2. Principal Place of Business 3. Mailing Address 1105 12th Street 1105 12th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0370330 Vero Beach, FL Vero Beach, Not Applicable Country USA \$8.75 Additional 32960 USA 32960 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Janice\_K.aWoerth Street Address (P.O. Box Number is Not Acceptable) 1105 12th Street HEBERLING, LYNN M 4820 20TH AVE VERO BEACH FL 32967 Vero Beach 32960 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. 4/28/00 Janice K. Woerth, President SIGNATI DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change Addition TITLE Woerth, Jan NAME NAME STREET ADDRESS STREET ADDRESS 4820 20TH AVE. CITY-ST-ZIP CITY-ST-ZIP VERO BCH FL 32967 ☐ Addition ☐ Change D٧ TITLE □ Delete TITLE Stoll, Peter NAME NAME STREET ADDRESS STREET ADDRESS 4820 20TH AVENUE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32967 DS ☐ Delete TITLE Change ☐ Addition TITLE NAME YAKEL, RICHARD NAME STREET ADDRESS 4820 20TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH FL 32967 DT ☐ Delete ☐ Change ☐ Addition TITLE HALL, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 4820 20TH AVE CITY-ST-ZIE CITY-ST-ZIP VERO BCH FL 32967 Change Addition X Delete TITLE TITLE HEBERLING, LYNN M NAME MERRILL! Karen CLAIC NAME STREET ADDRESS STREET ADDRESS 4820 20TH AVE 1105 12th Street CITY-ST-ZIP CITY-ST-ZIP vero BCH fl. Vero Beach FL 32960)? TITLE Change Change TITLE X Delete HILDENBRAND, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 4820 20TH AVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32967 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 attachingent with an address, with all other like empowered.