2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001412

1. Entity Name

HARBOURTOWNE AT COUNTRY WOODS CONDOMINIUM ASSOCI

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90010 044 ****61.25

Principal Place of Business	Mailing Address
552 MAIN STREET SAFETY HARBOR FL 34695	1697 NANTUCKET COURT PALM HARBOR FL 34683-6466 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1697 Nantucket Ct.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor Fl	City & State
Zip: 34683 Country: USA	Zip Country

4. FEI Number: 65-0530802 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~Spelling~~ Mezer STEVEN H. MOZAR, P.A. 1212 COURT STREET SUITE B CLEARWATER FL 33756	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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARCOUX, FRANCOIS P.O. BOX 1436 ST JOUITE, QUEBEC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUZZO, ANTHONY 1125 CURE DE ROSS LASALLE, PQ H8N 2M3	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ VD HARTMAN, THOMAS 1684 HAMPTON LANE PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TIR~~ SD MCNAMARA, CHRISTOPHER 1758 HAMPTON LANE PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERGE, ROGER 2028 BEAVER HILL DR GLOUCESTER, ON K1J 6P1	☐ 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	Treasurer Kate A. Heil 1758 Hampton Ln. Palm Harbor Fl 34683	☐ Change ☑ Addition

CR2E037 (9/99)

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: Christopher M. McNamara 4-13-00 727 736-8372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FORM REQUIRED