2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # N9400001412 **Secretary of State** 1. Entity Name 03-08-2001 90120 006 ****61.25 HARBOURTOWNE AT COUNTRY WOODS CONDOMINIUM: ASSOCI Principal Place of Business Mailing Address 1697 NANTUCKET CT 1697 NANTUCKET COURT 00023141 PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0530802 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEZER, STEVEN H P.A. 1212 COURT STREET SUITE B City Zip Code **CLEARWATER FL 33756** 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **D**elete TITLE ☐ Change Addition MARCOUX, FRANCOIS NAME NAME P.O. BOX 1436 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST JOUITE, QUEBEC CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addițion 🔲 HARTMAN, THOMAS NAME NAME 1684 HAMPTON LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP President TITLE ☐ Delete TITLE ☐ Addition MCNAMARA, CHRISTOPHER NAME NAME 1251 Pelm St. 1758 HAMPTON-LANE-STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Bugbee ROBERGE, ROGER NAME NAME 2028 BEAVER HILL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GLOUCESTER, ON K1J 6P1 Delete wrence Tlankagan TIT Change TITLE TITLE Addition HEIL, KATE A NAME NAME Moniner Drive 1758 HAMPTON LANE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition o.R. Dierkin NAME NAME North 57 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 66002

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR M. M. Warman 727 736.8372

changed, or on an attachme

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