

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90149 007 \*\*\*\*61.25

DOCUMENT # N94000001412

1. Entity Name

HARBOURTOWNE AT COUNTRY WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1697 NANTUCKET CT  
PALM HARBOR FL 34683

1697 NANTUCKET COURT  
PALM HARBOR FL 34683  
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

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

MEZER, STEVEN H 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | BUGBEE, PETER S         |                                            |
| STREET ADDRESS | 1218 WILLOWWICK CIRCLE  |                                            |
| CITY-ST-ZIP    | SAFETY HARBOR FL 34695  |                                            |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | FLANNAGAN, LAWRENCE III |                                            |
| STREET ADDRESS | 304 MARINER DRIVE       |                                            |
| CITY-ST-ZIP    | TARPON SPRINGS FL 34689 |                                            |
| TITLE          | PD                      | <input type="checkbox"/> Delete            |
| NAME           | MCMAMARA, CHRISTOPHER   |                                            |
| STREET ADDRESS | 1251 PALM STREET        |                                            |
| CITY-ST-ZIP    | CLEARWATER FL 33755     |                                            |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | DIERKING, O. R.         |                                            |
| STREET ADDRESS | 117 NORTH STREET        |                                            |
| CITY-ST-ZIP    | ATCHISON KS 66002       |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |                                            |
| STREET ADDRESS |                         |                                            |
| CITY-ST-ZIP    |                         |                                            |

|                |                                   |                                                                              |
|----------------|-----------------------------------|------------------------------------------------------------------------------|
| TITLE          | S/D                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Stan Urbanik                      |                                                                              |
| STREET ADDRESS | 1217 N. Fort Harrison Ave. Bldg D |                                                                              |
| CITY-ST-ZIP    | Clearwater, FL 33755              |                                                                              |
| TITLE          | TD                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Robert Vewink                     |                                                                              |
| STREET ADDRESS | 1217 N. Fort Harrison Ave. Bldg D |                                                                              |
| CITY-ST-ZIP    | Clearwater, FL 33755              |                                                                              |
| 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    |                                   |                                                                              |
| TITLE          | D                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Antonio Buzzo                     |                                                                              |
| STREET ADDRESS | 1125 Cure de Rossi                |                                                                              |
| CITY-ST-ZIP    | Lasalle, Quebec, Canada H8N-2m3   |                                                                              |
| 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 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  
Signature and Typed or Printed Name of Signing Officer or Director  
Date 4-10-02 Daytime Phone # 727-736-8372

CR2E037 (9/01)