

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90008 022 ****61.25

DOCUMENT # N96000000324

1. Entity Name

HARBOR LINKS AT GRAND HARBOR PROPERTY OWNERS ASS

Principal Place of Business

**4820 20TH AVE
 VERO BEACH FL 32967
 US**

Mailing Address

**4820 20TH AVE
 VERO BEACH FL 32967
 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

65-0681018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RULE, LISA A
 4820 20TH AVE
 VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, ELBRIDGE M III 4820 20TH AVE VERO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS D'HAESELEER, RONALD V 4820 20TH AVE VERO BEACH FL 32967	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYRNE, SUE 2121 GRAND HARBOR BLVD. VERO BEACH FL 32967	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HEBERLING, LYNN M 4820 20TH AVE VERO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ETEN, CARL 4820 20TH AVE. VERO BEACH FL 32967	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNKER, LES 4820 20TH AVE. VERO BEACH FL 32967	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Schlitt, Frank 4820 20th Avenue VERO BEACH, Florida 32967	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Smith, Sammy	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Rule, Lisa A.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Flood, Donald	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

LISA A. Rule
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-01 (561) 778-5943

CR2E037 (10/00)