2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State
04-25-2002 90016 029 ****61.25

DOCUMENT # N96000000324

1. Entity Name

HARBOR LINKS AT GRAND HARBOR PROPERTY OWNERS ASS OCIATION, INC.

Principal Place of Business	Mailing Address
4820 20TH AVE VERO BEACH FL 32967 US	4820 20TH AVE VERO BEACH FL 32967 US

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
RULE, LISA A 4820 20TH AVE VERO BEACH FL 32967	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	DP SCHLITT, FRANK 4820 20TH AVE VERO BEACH FL 32967	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FLOOD, DONALD A. 4820 20th AVENUE VERO BEACH, FL 32967	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SMITH, SAMMY 2121 GRAND HARBOR BLVD. VERO BEACH FL 32967	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ADDIS, ROBERT T 4820 20th AVENUE VERO BEACH, FL 32967	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M RULE, LISA A 4820 20TH AVE VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS FLOOD, DONALD 4820 20TH AVE. VERO BEACH FL 32967	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GATES, THOMAS U 4820 20th AVENUE VERO BEACH, FL 32967	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition

CR2E037 (9/01)

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 Lisa A. Rule 4/8/02 (772) 778-5943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #