

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000004940**

1. Entity Name

HARBOUR CLUB ASSOCIATION, INC.

Principal Place of Business

**2710 FLORIDA BLVD
DELRAY BEACH FL 33483
US**

Mailing Address

**2710 FLORIDA BLVD
DELRAY BEACH FL 33483
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

65-0699959

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****WEXEL, STEVEN
2710 FLORIDA BLVD
DELRAY BEACH FL 33483****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	PSD	<input checked="" type="checkbox"/> Delete
NAME	ZABIK, VINCE	
STREET ADDRESS	505 NE 3RD ST	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	D	<input type="checkbox"/> Delete
NAME	WEXEL, STEVEN	
STREET ADDRESS	2710 FLORIDA BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOESH, DOLORES	
STREET ADDRESS	505 NE 3RD ST	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	DP	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Connors	
STREET ADDRESS	2956 Florida Blvd	
CITY-ST-ZIP	Delray Beach, FL 33483	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caprina Overtan	
STREET ADDRESS	2942 Florida Blvd	
CITY-ST-ZIP	Delray Beach, FL 33483	

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:

SIGNATURE: [Signature]

**FILED
Sep 10, 2001 8:00 am
Secretary of State**

09-10-2001 90052 035 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)

9/5/01 661-272-2710