2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2710 FLORIDA BLVD DELRAY BEACH FL 33483

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # N96000004940

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2710 FLORIDA BLVD

DELRAY BEACH FL 33483

Suite, Apt. #, etc.

City & State

- Zip

STREET ADDRESS CITY-ST-ZIP

HARBOUR CLUB ASSOCIATION, INC.



Country

City

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. I am familiar with, and accept

FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90208 018 ****61.25

90009042

☐ CHECK HERE IF MAKING CHA	NGES					
FEI Number 65-0699959	Applied For					
03 0099939	Not Applicabl					
\$8.7	5 Additional					

Fee Required

Zip Code

WEXEL, STEVEN 2710 FLORIDA BLVD DELRAY BEACH FL 33483

the obligations of registered agent.

Name	
Street Address (P.O. Box Number is Not Acceptable)	

7. Name and Address of New Registered Agent

.5. Certificate of Status Desired

SIGNATURE .							
	Signature, typed or printed name of registered agent and title if appl	licable. (NOTE: F	legistered Agent signat	ure required when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Col							
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNORS, JOHN 2956 FLORIDA BLVD DELRAY BEACH FL 33483	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D John Presbite 294B Florida Deiran Beach	Change Ch	e DXAddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEARCE, HOWARD 2932 FLORIDA BLVD DELRAY BEACH FL 33483	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD Christine Mor Zasy-Florida Delray Beach	risun Changerisun FL33463	e 🗷 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD URIOSTEGUI, JACQUE 2944 FLORIDA BLVD DELRAY BEACH FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e	
TITLE NAME		☐ Delete	TITLE NAME		☐ Chang	e Addition	

2. I hereby certify that the information supplied with this filling 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 a fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if a hanged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

AM JOSCH BOUNDARISITERS

1/15/02 (56) 330 7688

(2E037 (10/02)