

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-11-2000 90298 040 ****61.25

DOCUMENT # N98000006864

1. Entity Name
HARLAN SQUARE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business: **447 VALPARAISO PARKWAY VALPARAISO FL 32580**
 Mailing Address: **447 VALPARAISO PARKWAY VALPARAISO FL 32580-1274**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **593636428** APPLIED FOR

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHROEDER, R V
447 VALPARAISO PARKWAY
VALPARAISO FL 32580

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____



DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PTD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHROEDER, R V		NAME: _____	
STREET ADDRESS: 447 WALPARAISO PARKWAY		STREET ADDRESS: _____	
CITY-ST-ZIP: VALPARAISO FL 32580		CITY-ST-ZIP: _____	
TITLE: VPSD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILLER, L S JR		NAME: _____	
STREET ADDRESS: 447 VALPARAISO PARKWAY		STREET ADDRESS: _____	
CITY-ST-ZIP: VALPARAISO FL 32580		CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MEAD, MICHAEL WM.		NAME: _____	
STREET ADDRESS: 24 WALTER MARTIN ROAD		STREET ADDRESS: _____	
CITY-ST-ZIP: FORT-WALTON-BEACH FL 32548		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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: **R. SCHROEDER** **4-27-00** **850 8974663**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)