

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/4  
\*1

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90001 001 \*\*\*\*61.25  
05-04-2001 90158 036 \*\*\*\*61.25

**DOCUMENT # N98000006864**

1. Entity Name

**HARLAN SQUARE HOMEOWNER'S ASSOCIATION, INC.**

**IR**

**78314**

Principal Place of Business

447 VALPARAISO PARKWAY  
VALPARAISO FL 32580

Mailing Address

447 VALPARAISO PARKWAY  
VALPARAISO FL 32580



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2278 Harlan Ave

Suite, Apt. #, etc.

3. Mailing Address

2278 Harlan Ave

Suite, Apt. #, etc.

City & State

Ft. Walton Beach FL

City & State

Ft. Walton Bch, FL 32547

4. FEI Number

59-3636438

Applied For

Not Applicable

Zip

32547

Country

USA

Zip

32547

Country

USA

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

SCHROEDER, R V  
447 VALPARAISO PARKWAY  
VALPARAISO FL 32580

Name: **Maribeth Wollard**

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

2278 Harlan Ave

City: **Ft. Walton Beach**

**FL**

Zip Code: **32547**

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

*Maribeth Wollard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/01

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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: **PTD**  Delete  
NAME: **SCHROEDER, R V**  
STREET ADDRESS: **447 WALPARAISO PARKWAY**  
CITY-ST-ZIP: **VALPARAISO FL 32580**

TITLE: **VPSD**  Delete  
NAME: **MILLER, L S JR**  
STREET ADDRESS: **447 VALPARAISO PARKWAY**  
CITY-ST-ZIP: **VALPARAISO FL 32580**

TITLE: **D**  Delete  
NAME: **MEAD, MICHAEL WM.**  
STREET ADDRESS: **24 WALTER MARTIN ROAD**  
CITY-ST-ZIP: **FORT WALTON BEACH FL 32548**

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **President**  Change  Addition  
NAME: **Jimmy Henderson**  
STREET ADDRESS: **714-B Bob Sikes Blvd**  
CITY-ST-ZIP: **Ft. Walton Beach, FL 32547**

TITLE: **Treasurer**  Change  Addition  
NAME: **Maribeth Wollard**  
STREET ADDRESS: **2278 Harlan Avenue**  
CITY-ST-ZIP: **Ft. Walton Beach, FL 32547**

TITLE: **Vice President**  Change  Addition  
NAME: **Renee Marshall**  
STREET ADDRESS: **2271 Harlan Avenue**  
CITY-ST-ZIP: **Ft. Walton Beach, FL 32547**

TITLE: **Secretary**  Change  Addition  
NAME: **Patt Gorczynski**  
STREET ADDRESS: **2288 Harlan Avenue**  
CITY-ST-ZIP: **Ft. Walton Beach, FL 32547**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
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:

*Maribeth Wollard*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/01

DATE

850/862-5350

DAYTIME PHONE #

CFR2E037 (5/01)

attachment DOC# N980000000864

78314

HARLAN SQUARE HOA  
2278 HARLAN AVENUE  
FT. WALTON BEACH, FL 32547

September 6, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLHASSEE, FL 32314

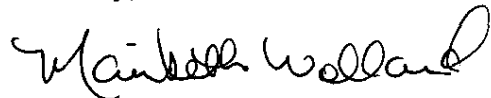
To Whom It May Concern:

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In error, two checks were submitted for the 2001 Uniform Business Report \$61.25 fee. I am requesting a refund for \$61.25 payable to Harlan Square HOA. I apologize for the mix-up, and I appreciate your time.

Should you have any questions, I can be reached at 850-244-5121, Monday thru Friday.

Sincerely,



MARIBETH WOLLARD