

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

Principal Place of Business

447 VALPARAISO PARKWAY
VALPARAISO FL 32580

Mailing Address

447 VALPARAISO PARKWAY
VALPARAISO FL 32580

78314



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 Beach, 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

SCHROEDER, R V
447 VALPARAISO PARKWAY
VALPARAISO FL 32580

7. Name and Address of New Registered Agent

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE: Change Addition
NAME: **Secretary** Pat Gorezynski
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

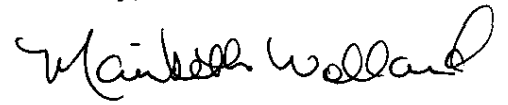
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLHASSEE, FL 32314

To Whom It May Concern:

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