

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000610

1. Entity Name

HARBORSHORE II AT BOCA BAY CONDOMINIUM ASSOCIATI

FILED

00 MAR 23 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

635 BOCA BAY DR.  
BOCA GRANDE FL 33921

P.O. BOX 1239  
BOCA GRANDE FL 33921-1239

2. Principal Place of Business

639 Boca Bay Drive

3. Mailing Address

500 Water Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

65-0894514

Applied For

Not Applicable

Zip

Country

Zip

Country

32202

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  Delete  
NAME BECK, STEPHEN D  
STREET ADDRESS 301 W. BAY ST., STE. 800  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE DP  Change  Addition  
NAME Stephen A. Crosby  
STREET ADDRESS 301 W. Bay Street, Jacksonville, FL 32202  
CITY-ST-ZIP

TITLE DVT  Delete  
NAME HOOD, RICHARD M  
STREET ADDRESS 301 W. BAY ST., STE. 800  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE  Change  Addition  
NAME 8000003191948-5  
STREET ADDRESS -03/31/00-01070-006  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE DVS  Delete  
NAME AFTOORA, PATRICIA J  
STREET ADDRESS 500 WATER ST., J-160  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  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: *Patricia J. Aftoora*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia J. Aftoora, Vice-President 3/17/2000 904-366-4242

Date

Daytime Phone #

CR2E037 (9/99)