

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002405

1. Entity Name

HARBORSHORE III AT BOCA BAY CONDOMINIUM ASSOCIAT

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90172 032 ****61.25

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

Suite, Apt. #, etc.

3. Mailing Address

500 Water Street

Suite, Apt. #, etc.

SC-J160

City & State

City & State

Jacksonville, FL 32202

Zip

Country

Zip

Country

4. FEI Number

65-0911525

Applied For

Not Applicable

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 PD ☐ Delete
NAME CROSBY, STEPHEN A
STREET ADDRESS 301 W. BAY ST., STE. 800
CITY-ST-ZIP JACKSONVILLE FL 32202

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

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

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

TITLE VSD ☐ 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
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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*

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #