

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002405**

1. Entity Name

HARBORSHORE III AT BOCA BAY CONDOMINIUM ASSOCIAT**FILED****Mar 22, 2001 8:00 am**
Secretary of State

03-22-2001 90073 040 ****61.25

Principal Place of Business

**639 BOCA BAY DRIVE
BOCA GRANDE FL 33921**

Mailing Address

**500 WATER ST
SC-J160
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0911525

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CROSBY, STEPHEN A	
STREET ADDRESS	301 W. BAY ST., STE. 800	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE	VTD	<input type="checkbox"/> Delete
NAME	HOOD, RICHARD M	
STREET ADDRESS	301 W. BAY ST., STE. 800	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	AFTOORA, PATRICIA J	
STREET ADDRESS	500 WATER ST., J-160	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2001 904-366-4242

Date

Daytime Phone #

CR2E037 (10/00)