## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N9900002405** 

SIGNATURE:

## Feb 14, 2002 8:00 am Secretary of State 1. Entity Name HARBORSHORE III AT BOCA BAY CONDOMINIUM ASSOCIAT 02-14-2002 90033 028 \*\*\*\*61.25 ION. INC. Principal Place of Business Mailing Address 639 BOCA BAY DRIVE 500 WATER ST **BOCA GRANDE FL 33921** SC-J160 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address PO BOX1239 ugi gulf Bouleveed Suite, Apr. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0911525 grande, tL Boca gearde Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ✓ Addition TITLE Delete 🕽 TITLE David Pearah CROSBY, STEPHEN A NAME NAME 835-2 Harborshore Delve 301 W. BAY ST., STE. 800 STREET ADDRESS STREET ADDRESS oca geande, PL 33921 JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-7IP Addition VID TITLE ☐ Change TITLE □ Delete James Rankin 839-2 Harboeshoe Deive HOOD, RICHARD M NAME NAME 301 W. BAY ST., STE. 800 STREET ADDRESS STREET ADDRESS BOCA gearde, PL33921 CITY-ST-7IP JACKSONVILLE FL 32202 CITY-ST-ZIP Addition Delete TITI F Richaeo Ryan 8361 Haesoeshoee Deive Change TITLE aftoora, patricia j NAME NAME 500 WATER ST., J-160 STREET ADDRESS STREET ADDRESS BOCA gearde, PL 33921 CITY-ST-7IP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true 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.

FILED

1/25/02 941-964-0170