## 8

**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700070605  1. Entity Name  DEVELOPERS OF HARBOR WALK, INC.						Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90400 017 ***150.00					
Principal Place		, 10									
P.O. BOX 144 PUNTA GORD		P.O. BOX 1448 Punta Gorda Fl 33950.						ı	-		
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FI	El Number	65-078621	2	<del> </del>	plied For at Applicable	
Zip Country		Zip Country			<b>5</b> . C	ertificate of	Status Desired		\$8.75 Add		
	6. Name and Address of Current I	Registered Agent	<u> </u>		7. N	ame and A	ddress of New F				İ
				Name							İ
WOTITZKY, EDWARD L 223 TAYLOR ST.				Street Address	s (P.O. Bo	ox Number	s Not Acceptabl	e)		,	ļ
	ORDA FL 33950										
				City			•	FL	Zip Code	Э	
9. This corpo	Signature, typed or printed name of registered agent a ration is eligible to satisfy its Intangible equirement and elects to do so.  a on back)	FILE NOW After May 1, 20 Make Check Paya	/!!! FEE IS 002 Fee wi	ill be \$550.00	)	10. Elect	ion Campaign Fi Fund Contribution			<b>0</b> May Be	
11.	OFFICERS AND		12.		ADI	DITIONS/C	HANGES TO OF	FICERS AND			<b> </b>
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D CRIST, DOUGLAS E P.O. BOX 1448 PUNTA GORDA FL 33950	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP					☐ Change	☐ Addition	20E034 (9/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, LEWIS D 316 E. MICHIGAN AVE. LANSING MI 48933	☐ Delete	TITLE NAME STREET CITY-ST	ADORESS 1-ZIP					☐ Change	☐ Addition	בל ו
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<u> </u>	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		p*= = =			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS: CITY-ST-ZIP		☐ Delete	CITY-S						☐ Change	☐ Addition	
13. I hereby of indicated of the conchanged,	ertify that the information supplied with on this report of supplemental report is poration or the receiver or trustee export or on an attachment will an actures.  URE:	this fill o does not qualify furue and accurate and that wered to execute this repoint all other like empowered that the like empowered that all other like	RHD		Section 1 ne same l 607, Florid	119.07(3)(i), egal effect da Statutes;	Florida Statutes as if made under and that my nar Cate	941	rtify that the i am an officer in Block 11 o - 639 Daytime Phone #	nformation r or director or Block 12 if	<b>\</b>