FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000

Harbour Ridge Property Owners' Association Realty, Inc.



Apr 22, 2003 8:00 am Secretary of State 04-22-2003 90043 047 ***150.00

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|--|---|------------------------------------|---|---|--|--|
| | DO NOT WRITE | IN THIS | SPACE | | 901005 | 04 |
| | Place of Business | 3. Mailing Address | | | | |
| 12600 Harbour Ridge Blvd. Suite, Apt. #, etc. | | 12600 Harbour Ridge Blvd. | | | DO NOT WRITE IN THE | COMO |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | • | | DO NOT WRITE IN THI | SSPACE |
| City & State Palm City, Florida | | City & State Palm City, Florida | | 4. FEI Number 65-0928152 | Applied For Not Applicable | |
| Zip 34990 | | Zip 34990 | Zip Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 养是为国籍等人 是这是 | | A Secretary of Continuencing | | | 7. Name and Address of Current Register | ed Agent |
| apitan sa | | | Na | ^{ıme} Near | y, Micahel E. | |
| | DO NOT W | RIIE | Str | | 20. Box Number is Not Acceptable) | |
| | IN THIS SP | ACF | | | | |
| | | | | 12600 H | arbour Ridge Blvd. | |
| | | | Cit | y Palm | City F | L 34996 |
| | , | the purpose of chang | ing its registered off | | d agent, or both, in the State of Florida. I am | familiar with, and accept |
| the obligat | tions of registered agent. | | | | | |
| SIGNATURE | | | : | | | |
| | Signature, typed or printed name of registered agent a | and title if applicable. | (NOTE: Registered Agent | t signature required v | when reinstating) DATE | |
| | nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of | State | | | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| 10. | • OFFICERS AND | Contraction beauty beliefs. | | | on again de tha again geallagaigh an bhilliann again again girle. Anns an an Annaidh again again an | |
| TITLE | President/Director | | TITLE | E.S. Salahe | A STATE OF THE PROPERTY OF THE STATE OF THE | |
| NAME | Moore, Nancy C. | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | 3552 SW Bimini Circle, N. | | A STATE OF THE STATE OF | STREET ADDRESS CITY-ST-ZIP | | |
| | Palm City, FL 34990 | | | ar than of the solution of the | | |
| TITLE NAME | Secretary/Trea./Director | | TITLE. | TO THE TO SHEET AND THE SHEET | The state of the s | The state of the s |
| STREET ADDRESS | Caiola, James C. 1507 Lancewood Terrace | | STREET ADD | RESS | anne i transmi provinci provin | The state of the s |
| CITY-ST-ZIP | Palm City, FL 34990 | | CHY-ST-ZI | s | | |
| TITLE | Director | | TINLE | | The second secon | all the country of the state of the country of the |
| NAME | Hurd, Janet B. | | NAME | | A STATE OF THE STA | |
| STR" | 13300 Maplewood Rd | • | STREET ADD CITY: ST: ZI | エインルグ (計画の)を | DO NOT WR | ITE |
| CITY-SI-ZIP | Palm City-FL-34990 | | | | | A STATE OF THE PARTY OF THE PAR |
| TITLE | Director | | TITLE NAME | 12.18 | IN THIS SPA | CE |
| NAME STREET ADDRESS | Hyde, Edwin T. | | STREET ADD | RESS | | representations, production of the |
| CITY-ST-ZIP | 13472 Harbour Ridge Palm City, FL 34990 | Blvd. | CITY-ST-ZIF | . 1 | | |
| TITLE | Director | | TOLE | | | |
| NAME | Weissman, Robert J. | • | NAME | | and the second of the second o | |
| STREET ADDRESS | 504 Winters Creek R | | STREET AOD | | 建筑工艺工作的 不 * * * * * * * * * * * * * * * * * * | · · · · · · · · · · · · · · · · · · · |
| CITY-ST-ZIP | Palm City, FL 34990 | | CITY-ST-ZIF | | | The state of the s |
| TITLE | , | | TITLE | | | |
| NAME STREET ADDRESS | | | NAME STREET ADD | pree . | | * |
| CITY-ST-ZIP | | | CITY-ST-ZIF | | The state of the s | |
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/16/03