

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91092 035 \*\*\*\*61.25

UBR04/03

**DOCUMENT # N03567**

1. Entity Name  
**HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**595 DREAM ISLAND RD  
LONGBOAT KEY FL 34228-1520**

Mailing Address  
**595 DREAM ISLAND RD  
LONGBOAT KEY FL 34228-1520**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0047145**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PFLUGNER, GEOFFREY  
1 CARK MERRIU ET AL  
2033 MAIN ST, STE. 101  
SARASOTA FL 34237**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
NAME **BURDICK, BRIDGETT**  
STREET ADDRESS **615 DREAM ISLAND ROAD**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D**  Change  Addition  
NAME **BAKER, LARRY**  
STREET ADDRESS **P.O. BOX 283**  
CITY-ST-ZIP **MINOCQUA, WI 54548**

TITLE **D**  Delete  
NAME **WIPPERFURTH, WILLIAM**  
STREET ADDRESS **208 SHADY LANE, BOX 487**  
CITY-ST-ZIP **SPRING LAKE MI 49456**

TITLE **D**  Change  Addition  
NAME **GOWAN, WILLIAM**  
STREET ADDRESS **2198 HERITAGE AVE**  
CITY-ST-ZIP **OKEMOS, MI 48864**

TITLE **VP**  Delete  
NAME **BROOKS, JIM**  
STREET ADDRESS **615 DREAM ISLAND ROAD #304**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **DUJARDIN, DAVID**  
STREET ADDRESS **615 DREAM ISLAND ROAD**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **FURSE, ROGER**  
STREET ADDRESS **P.O. BOX 148 N/A**  
CITY-ST-ZIP **SILVER LAKE NH 03875**

TITLE **D**  Change  Addition  
NAME **THOMPSON, ROBERT**  
STREET ADDRESS **2336 FAIRHAVEN ROAD**  
CITY-ST-ZIP **DAVENPORT, IA 52803**

TITLE **T**  Delete  
NAME **STYLES, R. P. G.**  
STREET ADDRESS **8 YORKRIDGE ROAD WILLOWDALE**  
CITY-ST-ZIP **TORONTO, ONTARIO M291R**

TITLE  Change  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: **SIGNATURE REQUIRED** **R.G.P. STYLES**

**03/12/03 383-9544**

CR2E037 (10/02)