

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0075054

**DOCUMENT # N03567**

1. Entity Name

**HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.**

03-12-2001 90441 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

595 DREAM ISLAND RD  
 LONGBOAT KEY FL 34228-1520

595 DREAM ISLAND RD  
 LONGBOAT KEY FL 34228-1520

**929589**



DO NOT WRITE IN THIS SPACE

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<b>BOLES, CLAUDE</b>	
STREET ADDRESS	<b>460 HAZEL LANE</b>	
CITY-ST-ZIP	<b>WINNETKA IL 60098</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WIPPERFURTH, WILLIAM</b>	
STREET ADDRESS	<b>208 SHADY LANE</b>	
CITY-ST-ZIP	<b>SPRING LAKE MI 49456</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUJARDIN, DAVID</b>	
STREET ADDRESS	<b>513 E. DAVIES LOOP</b>	
CITY-ST-ZIP	<b>LAKE STEVENS WA 98258</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SILAH, HELEN</b>	
STREET ADDRESS	<b>6708 POINT DRIVE</b>	
CITY-ST-ZIP	<b>EDINA MN 55435</b>	
TITLE	<b>R</b>	<input type="checkbox"/> Delete
NAME	<b>FURSE, ROGER</b>	
STREET ADDRESS	<b>P.O. BOX 148 N/A</b>	
CITY-ST-ZIP	<b>SILVER LAKE NH 03875</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>STYLES, R. P. G.</b>	
STREET ADDRESS	<b>8 YORKRIDGE ROAD WILLOWDALE</b>	
CITY-ST-ZIP	<b>TORONTO, ONTARIO M291R</b>	

TITLE	<b>VICE PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2237 ROYAL RIDGE DR.</b>	
CITY-ST-ZIP	<b>NORTHBROOK, IL 60062</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>208 SHADY LANE, BOX 487</b>	
CITY-ST-ZIP		
TITLE	<del>SECRETARY</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JIM BROOKS</b>	
STREET ADDRESS	<b>615 DREAM ISLAND ROAD, #304</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERRELL GRIFFIN</b>	
STREET ADDRESS	<b>1301 N. LAKE SYBELIA DRIVE</b>	
CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRIGITTE BURDICK</b>	
STREET ADDRESS	<b>684 EXCELSIOR BUD</b>	
CITY-ST-ZIP	<b>EXCELSIOR, MN 56331</b>	

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. P. G. STYLES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/07/01**  
 Date

**971-383-1271**  
 Daytime Phone #

CR2E037 (10/00)

Attachment  
929589  
#NO3567

HARBOUR VILLA CLUB  
BOARD OF DIRECTORS  
REVISED March 2,2001

TERRELL GRIFFIN, PRESIDENT  
1301 N. LAKE SYBELIA DRIVE  
MAITLAND, FL 32751  
(407) 539-1081 (H)  
(407) 425-2518 (O)  
(407) 841-9913 (O/FAX)  
(407) 539-2270 (H/FAX)  
#208 (941)383 3038

CLAUDE BOLES, VICE PRESIDENT  
2237 ROYAL RIDGE DR.  
NORTHBROOK IL 60032  
(847) 562-9575 (H)  
(847) 562-9585 (F)  
# 303 (941) 383-3766

GEOFF STYLES, TREASURER  
8 York Ridge Road  
Toronto, Ontario M2P1R7  
(416)225-0321(H)  
(41)383-2271  
gstyles@home.com

JIM BROOKS, SECRETARY  
615 Dream Island Road  
LongBoat Key, Fl 34228  
#304 (941)387-7488(H)

WILLIAM WIPPERFURTH  
208 SHADY LANE ,BOX 487  
SPRING LAKE, MI 49456  
(616)842-1519(H)  
(616)248-1086(O)  
#101 (941)383-8780

BRIGITTE BURDICK  
684 EXCELSIOR BLVD.  
EXCELSIOR, MN 55331  
(952)474-3796(H)  
(952)474-5243(W)

#110 (941)383-3335

RODGER-FURSE  
P.O.BOX 148  
SILVER LAKE N.H. 03875  
(603)367-8811(H)  
(941)387-0160(F)  
(603)367-4663(Fax)  
#302