

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90039 023 ***150.00

DOCUMENT # 196579

1. Entity Name
SUN HARBOR, INC.

Principal Place of Business

Mailing Address

214 INLET WAY
 PALM BEACH SHORES FL 33404
 US

214 INLET WAY
 PALM BEACH SHORES FL 33404-6215
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6071928**

Applied For
 Not Applicable

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

KORTENHAUS, ROBERT A
214 INLET WAY 301
PALM BEACH SHORES FL 33404

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STOFFEL, JOSEPH	
STREET ADDRESS	214 INLET WAY	
CITY-ST-ZIP	PALM BEACH SH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HANES, GALEN	
STREET ADDRESS	214 INLET WAY 106	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KORTENHAUS, ROBERT A	
STREET ADDRESS	214 INLET WAY 301	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLOCKNER, MARGARET	
STREET ADDRESS	214 INLET WAY 201	
CITY-ST-ZIP	PALM BEACH FL 33404	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MAYNARD, JOYCE	
STREET ADDRESS	214 INLET WY 205	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB LOFB&AB	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JANE STOFFEL D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	214 INLET WAY	
CITY-ST-ZIP	PALM BEACH SHORES, FL.	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce Maynard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00
 Date

561-575-0856
 Daytime Phone #

CR2E034 (9/99)