

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90017 044 ****61.25

DOCUMENT # 716295
 1. Entity Name
HARBOR LAKES OF NAPLES, INC.

Principal Place of Business 1155 SANDPIPER STREET NAPLES FL 34102	Mailing Address 745 12TH AVE., S. SUITE D NAPLES FL 34102
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1353649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE PROPERTY MANAGEMENT, INC. 745 12TH AVENUE, S., SUITE D NAPLES FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: REED, OLYVE STREET ADDRESS: 1155 SANDPIPER ST F2 CITY-ST-ZIP: NAPLES FL 34102	<input checked="" type="checkbox"/> Delete	TITLE: Treasurer NAME: Dorothy Reed STREET ADDRESS: 1155 SANDPIPER ST F1 CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BEDNAR, DOROTHY STREET ADDRESS: 1155 SANDPIPER ST F-4 CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE: President NAME: Irene Whitting STREET ADDRESS: 1155 SANDPIPER ST E-7 CITY-ST-ZIP: NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SULLIVAN, MAUREEN STREET ADDRESS: 1155 SANDPIPER ST G-2 CITY-ST-ZIP: NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE: Secretary NAME: Tom Jenner STREET ADDRESS: 1155 SANDPIPER ST C-7 CITY-ST-ZIP: NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CRONAUER, CLARENCE STREET ADDRESS: 1155 SANDPIPER ST C-3 CITY-ST-ZIP: NAPLES FL 34102	<input checked="" type="checkbox"/> Delete	TITLE: Vice President NAME: Bob Houston STREET ADDRESS: 1155 SANDPIPER ST A-1 CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: REED, OLYVE STREET ADDRESS: 1155 SANDPIPER ST F2 CITY-ST-ZIP: NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE: Director NAME: Tom Jenner STREET ADDRESS: 1155 SANDPIPER ST C-7 CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Dorothy Bednar DATE: 3/2/02 DAYTIME PHONE #: 941-262-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)