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

DOCUMENT # 716295

HARBOR LAKES OF NAPLES, INC.

1. Entity Name

FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90473 018 ****61.25

Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Ste. AA City & State Naples FL Zip Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) The above named entity submits his 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 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS	Single Serve	NOT WRITE	IN THIS S	PACE	On Vision Control	90039383	
Naples FL Naples FL Naples FL Naples FL Sq-1353649 S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City Zip Code 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 9. Election Campaign Financing Trust Fund Contribution. Street Address (P.O. Box Number is Not Acceptable) DATE 9. Election Campaign Financing Trust Fund Contribution. CFFICERS AND DIRECTORS	Suite, Apt. #. etc.		745 12th Avenue South Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
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 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Name Other Required 7. Name and Address of Current Registered Agent Other Required Other Required Other Required Other Registered Agent Other Registered Agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent. OFFICERS AND DIRECTORS	Naples	FL Country	Naples,	-,		649 Not A	pplicable
SIGNATURE Signature, Ninestand period name of registered agent and No. 1 Accordance. INDITED Projection Agent agreement required when remaining. DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS	The above named the obligations of re-	DO NOT WI	RITE: T ACE	Name Street Address City	(P.O. Box Number is Not Acci	Fee Required Current Registered Agent	accept
	SIGNATURE SIGNATURE	evices on printed matter of registrated agont an	9. Efection Ca Trust Fund (mpaign Financing	\$5.00 May Be	DATE STATE OF THE PROPERTY OF	
	10., TITLE: PD	OFFICERS AND DIRE	CTORS	inte		4	Sand Mills

10.	OFFICERS AND DIRECTORS	A 18 A	The second secon	The second of th
TITLE	PD	TIME	Control of the second of the s	
HEINE	Dorothy Bednar	NAME		
STREET ADDRESS	Dorothy Bednar 1155 Sandpiper Street F-4	NAME STREET ADDRESS		
CHTY - ST - ZiP	Naples FL 34102	CITY-ST ZIP		
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STREET ADORESS	Thomas Jenner	-NAME - 12		(1) 10 mm (10 mm) (10
CITY-ST-ZIP	[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STREET ADDRESS		
	Naples FL 34102	CITY ST-21P		
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NAME	Irene Whiting Street E-7	NAME	对我们的"中国"的"大大"	
STREET ADDRESS	1155 Sandpipet Street E-1	STREET ADDRESS		The state of the s
CHY-SI-Z#	Naples, FL 34102	ČlTr+ST-Ž#: → ◎	DO NOT	WRITE
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NAME	Maureen Sullivan 1155 Sand piper Street G-Z	NAME	IN THIS	SPACE
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GITY ST-ZIP	Naples FL 34102	CITY ST ZIF		
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KAME	Pohost History	NAME		
STREET ADDRESS	1155 Sandpiper Street A-1	1. 空 (2) な (2) 数 (2) (2)		
CITY -ST-ZIP	Naples FL 34102	STREET ADDRESS CITY-ST-ZIP		
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CHT-SI- LP	<u></u>	CREY-SE-ZIP		

12. Thereby 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 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 on an analysis of the corporation of the receiver or trustee empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 237 243 505/