

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

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

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

DOCUMENT # 716295

1. Entity Name

HARBOR LAKES OF NAPLES, INC.



DO NOT WRITE IN THIS SPACE

90039383

2. Principal Place of Business

1155 Sandpiper Street

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

Country

US

3. Mailing Address

745 12th Avenue South

Suite, Apt. #, etc.

Ste. AA

City & State

Naples, FL

Zip

34102

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1353649

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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IN THIS SPACE**

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, handwritten or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-filing.)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Dorothy Bednar
STREET ADDRESS	1155 Sandpiper Street F-4
CITY- ST- ZIP	Naples, FL 34102
TITLE	VP/D
NAME	Thomas Jenner
STREET ADDRESS	1155 Sandpiper Street C-7
CITY- ST- ZIP	Naples, FL 34102
TITLE	T/D
NAME	Irene Whiting
STREET ADDRESS	1155 Sandpiper Street E-7
CITY- ST- ZIP	Naples, FL 34102
TITLE	S/D
NAME	Maureen Sullivan
STREET ADDRESS	1155 Sandpiper Street G-2
CITY- ST- ZIP	Naples, FL 34102
TITLE	D
NAME	Robert Huston
STREET ADDRESS	1155 Sandpiper Street A-1
CITY- ST- ZIP	Naples, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

Maureen Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 237 263 505

CR2E037B (12/02)