

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90667 013 \*\*\*\*61.25

**DOCUMENT # 735945**

1. Entity Name

**HARBOR ESTATES ASSOCIATES, INC.**



Principal Place of Business

**399 S.W. HARBOR STREET  
STUART FL 34997-6226**

Mailing Address

**399 S.W. HARBOR STREET  
STUART FL 34997-6226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)



4. FEI Number

**59-2927458**

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

**MYHREN, PATRICIA M  
399 SW HARBOR ST  
STUART FL 34997**

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEEN, SUSAN	
STREET ADDRESS	385 SW ST. LUCIE STREET	
CITY-ST-ZIP	STUART FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, TERRELL	
STREET ADDRESS	390 SW HARBOR ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MARVIN	
STREET ADDRESS	540 SW HARBOR ST	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROCHESTER, CAROL	
STREET ADDRESS	590 SW HARBOR ST	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MYHREN, PATRICIA M	
STREET ADDRESS	399 SW HARBOR ST	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL ROCHESTER	
STREET ADDRESS	590 S.W. HARBOR STREET	
CITY-ST-ZIP	STUART, FLORIDA 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PAMELA	
STREET ADDRESS	272 S.W. ST. LUCIE STREET	
CITY-ST-ZIP	STUART, FLORIDA 34997	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, SCOTT	
STREET ADDRESS	615 S.W. ST. LUCIE STREET	
CITY-ST-ZIP	STUART, FLORIDA 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Patricia M. Myhren* - **PATRICIA M. MYHREN** 4/8/04 772-288-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #