

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 12, 2004
Secretary of State**

DOCUMENT# N00000006951

Entity Name: GULF HARBOR MOORINGS, INC.

Current Principal Place of Business:

C/O MICHAEL T HOYT
759 PARK AVE
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL T HOYT
759 PARK AVE
NAPLES, FL 34110

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOYT, MICHAEL T
759 PARK AVE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOYT, MICHAEL
Address: 759 PARK AVE
City-St-Zip: NAPLES, FL 34110

Title: VSD () Delete
Name: DIMODICA, ROBERT
Address: 751 GLENDALE AVE.
City-St-Zip: NAPLES, FL 34110

Title: VT () Delete
Name: LUMSTEIN, SCOTT
Address: 300 COCONATCHER DRIVE
City-St-Zip: NAPLES, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: RISTEEN, KATJA
Address: 759 PAN AM AVE.
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. HOYT

PD

05/12/2004

Electronic Signature of Signing Officer or Director

_____ Date