


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006951

1. Entity Name
GULF HARBOR MOORINGS, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



02132005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOYT, MICHAEL T
759 PARK AVE
NAPLES, FL 34110

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOYT, MICHAEL 759 PARK AVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DIMODICA, ROBERT 751 GLENDALE AVE. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RISTEEN, KATJA 759 PAN AM AVE. NAPLES, FL 34110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/05-80034-014 61.25

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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: _____ **3/16/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #