2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90483 017 ****61.25

DOCUMENT # N98000006635

1. Entity Name
THE HARBOUR CLUB AT LIGHTHOUSE BAY, INC.

94066144

Principal Place of Business	Mailing Address
23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135	23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135

04232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3615607 ☐ 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
PASSIDOMO, KATHLEEN C 2640 GOLDEN GATE PKWY., STE. #315 NAPLES, FL 34105	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 _____ 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, JAMES P 23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Ken Axtell 10711 Crooked River Rd #103 Bonita Springs, FL 34135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAPP, JOHN 23750 OLD LIGHTHOUSE RD BONITA SPRINGS, FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Nason Lightman 10771 Half moon Rd #102 Bonita Springs FL 34135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DWIER, EDWARD 23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Ted Brown 10751 Crooked River Rd #203 Bonita Springs, FL 34135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M WHITE, WILLIAM D 2310 DELLA DRIVE NAPLES, FL 34117	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. Sec. C.S. SPEECHLEY JR. 6332 Cypress La Naples FL 34112	☐ Change ☑ Addition

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: _____ 4/23/04 239-352-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #