

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90013 006 \*\*\*150.00

**DOCUMENT # P00000026881**

1. Entity Name

SYLVAN SHORES HARBOR, INC.



Principal Place of Business

1850 NW PINETREE WAY  
STUART FL 34994

Mailing Address

1850 NW PINETREE WAY  
STUART FL 34994

04022795



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0986280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, WM WOOD  
1850 NW PINETREE WAY  
STUART FL 34994

7. Name and Address of New Registered Agent

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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SANDBURG, EUGENE ☒ Delete  
STREET ADDRESS 114 ST LUCIE LANE  
CITY-ST-ZIP STUART FL 34994

TITLE VT  
NAME HAYNES, WM WOOD ☐ Delete  
STREET ADDRESS 1850 NW PINE TREE WAY  
CITY-ST-ZIP STUART FL 34994

TITLE S  
NAME HOLIHAN, SCOTT ☒ Delete  
STREET ADDRESS 1948 NW PINE LAKE DR  
CITY-ST-ZIP STUART FL 34994

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**DELETE D**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**PRESIDENT  
HAYNES, WM WOOD  
1850 NW Pine Tree Way  
STUART FL 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**DELETED**

TITLE V  
NAME Edward Ricourte ☐ Change ☒ Addition  
STREET ADDRESS 1898 NW Pine Lake Dr  
CITY-ST-ZIP Stuart FL 34994

TITLE T  
NAME Vicki Holihan ☐ Change ☒ Addition  
STREET ADDRESS 1948 NW Pine Lake Dr  
CITY-ST-ZIP Stuart FL 34994

TITLE S  
NAME Frank Giampietra ☐ Change ☒ Addition  
STREET ADDRESS 1889 NW Pine Tree Way  
CITY-ST-ZIP Stuart FL 34994

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 607, 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:**

Vicki Holihan VICKI HOLIHAN, Tres.

3122104

772 692 9407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #