

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026881

FILED
Feb 24, 2009
Secretary of State

Entity Name: SYLVAN SHORES HARBOR, INC.

Current Principal Place of Business:

1850 NW PINETREE WAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1850 NW PINETREE WAY
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0986280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAYNES, WM WOOD
1850 NW PINETREE WAY
STUART, FL 34994 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYNES, WM WOOD
Address: 1850 NW PINE TREE WAY
City-St-Zip: STUART, FL 34994

Title: V () Delete
Name: RICQUORTE, EDWARD
Address: 1898 NW PINE LAKE DR
City-St-Zip: STUART, FL 34994

Title: T () Delete
Name: HOLIHAN, VICKI
Address: 1948 NW PINE LAKE DR
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: GIAMPIETRA, FRANK
Address: 1889 NW PINE TREE WAY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI HOLIHAN

T

02/24/2009

Electronic Signature of Signing Officer or Director

Date