


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90043 010 \*\*\*\*61.25

<b>DOCUMENT # 726582</b> 1. Entity Name <b>HARBOUR COVE, INC.</b>			
Principal Place of Business <b>3000 GULF SHORE BLVD N NAPLES, FL 34103 US</b>		Mailing Address <b>3000 GULF SHORE BLVD N NAPLES, FL 34103 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>c/o Integrated Property Mgmt.</b>  <b>3435 - 10th Street N., #201</b> City & State <b>Naples, FL</b>	
City & State  Zip		City & State <b>Naples, FL</b> Zip <b>34103</b>	
Country		Country	
4. FEI Number <b>59-1542648</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FALK, STEVEN ROETZEL &amp; ANDRESS 850 PARK SHORE DRIVE 3RD FLOOR NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE VP NAME NEWINS, EDDIE STREET ADDRESS 3000 GULF SHORE BLVD. NORTH CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE PD NAME Newins, Eddie STREET ADDRESS 3000 N Gulfshore Blvd, #507 CITY-ST-ZIP Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME LAKIN, GARY STREET ADDRESS 3000 GULF SHORE BLVD NORTH CITY-ST-ZIP NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Niewiadomski, Robert STREET ADDRESS 3000 N. Gulfshore Blvd., #109 CITY-ST-ZIP Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME LYDY, PAUL STREET ADDRESS 3000 GULF SHORE BLVD N, 106 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CROWE, DARBY STREET ADDRESS 3000 GULF SHORE BLVD. NORTH CITY-ST-ZIP NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME Rose, Wayne STREET ADDRESS 3000 N. Gulfshore Blvd., #102 CITY-ST-ZIP Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME HUETTLE, CLAUDIA STREET ADDRESS 3000 BAY SHORE BLVD. N CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Dillullo, Carmine STREET ADDRESS 3000 N. Gulfshore Blvd., #110 CITY-ST-ZIP Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/7/05</b> Daytime Phone # <b>239-261-4758</b>	