2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State **DOCUMENT # 735945** 1. Entity Name HARBOR ESTATES ASSOCIATES, INC. 03-25-2002 90010 032 ****61.25 Principal Place of Business Mailing Address 399 S.W. HARBOR STREET 399 S.W. HARBOR STREET STUART FL 34997-6226 STUART FL 34997-6226 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2927458 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MYHREN, PATRICIA M 399 SW HARBOR ST STUART FL 34997 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (9/01) ☐ Addition ☐ Change TITLE ☐ Delete TITLE STEEN, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 385 SW ST. LUCIE STREET CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Addition Change TITLE ☐ Delete TITLE SMITH, TERRELL NAME NAME STREET ADDRESS 390 SW HARBOR ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 ☐ Change ☐ Addition Detete TITLE TITLE SMITH, MARVIN NAME NAME STREET ADDRESS 540 SW HARBOR ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Stuart FL Change ☐ Addition ☐ Delete TITLE TITLE ROCHESTER, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 590 SW HARBOR ST CITY-ST-ZIP CITY-ST-7IP STUART FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE MYHREN, PATRICIA M NAME NAME STREET ADDRESS STREET ADDRESS 399 SW HARBOR ST CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

PICIA M. MYHREN 3/11/02 (772) SIGNATURE:

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