

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90005 036 ****61.25

DOCUMENT # 743389			
1. Entity Name FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2350 WEST FIRST STREET FT. MYERS FL 33901 US		Mailing Address 2350 WEST FIRST STREET FT. MYERS FL 33901 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KOZELISKI, ROBERT 2350 WEST 1ST STREET, #801 FT MYERS FL 33901		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. <i>Robert E. Kozeliski, Pres. 1/20/04</i> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P KOZELISKI, R.E. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2350 W FIRST ST APT 801	NAME	
STREET ADDRESS	FORT MYERS FL 33901	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD SHORTLIDGE, GLORIA D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2124 LARCHMONT AVENUE	NAME	
STREET ADDRESS	FORT MYERS FL 33901	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D TRACY, CATHERINE <input checked="" type="checkbox"/> Delete	TITLE	D S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2350 W. FIRST ST., APT. 402	NAME	Spurrier, Shirley C.
STREET ADDRESS	FT. MYERS FL 33901	STREET ADDRESS	2350 W. First St. Apt. 301
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	TD SMITH, WILLIAM C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2350 W. FIRST ST., APT. 206	NAME	
STREET ADDRESS	FORT MYERS FL 33901	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S FIKE, BURT <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2350 W. FIRST ST., APT. 505	NAME	Connor, James J. Jr.
STREET ADDRESS	FT MYERS FL 33901	STREET ADDRESS	2350 W. First St. Apt. 505
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>WCSmith</i> William C. Smith Treas		Date: <i>1/20/04</i> Daytime Phone #: <i>239-334-3226</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	