2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Intilliam C. Smith, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Feb 02, 2005 08:00 AM Secretary of State **DOCUMENT # 743389** 1. Entity Name FIRST HARBOUR TOWERS CONDOMINUM ASSOCIATION, Principal Place of Business Mailing Address 2350 WEST FIRST STREET FT. MYERS FL 33901 2350 WEST FIRST STREET FT. MYERS FL 33901 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOZELISKI, ROBERT Street Address (P.O. Box Number is Not Accep 2350 WEST 1ST STREET, #801 FT MYERS FL 33901 City Zip Code whits 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 register SIGNATURE X Signature, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MLE Delete TITLE Change Addition KOZELISKI, R.E. NAME NAME 2350 W FIRST ST APT 801 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33901 CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE Change □ Addition SHORTLIDGE, GLORIA D NAME U00000211698 NAME 2124 LARCHMONT AVENUE STREET ADDRESS STREET ADDRESS 02/02/05-80128-024 61.25 FORT MYERS FL 33901 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME SPURRIER, SHIRLEY C NAME 2350 W FIRST ST., APT. 301 STREET ADDRESS STREET ADDRESS FT. MYERS FL 33901 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SMITH, WILLIAM C NAME 2350 W. FIRST ST., APT. 206 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33901 CITY - ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change Addition CONNOR, JAMES J JR NAME MARKE 2350 W FIRST ST., APT. 505 STREET ADDRESS STREET ADDRESS FT MYERS FL 33901 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delele \_\_\_ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 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 indicated on this report of 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.