

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F77964**

1. Entity Name  
**ISLAND HARBOR RESORT MANAGEMENT, INC.**



Principal Place of Business  
**7092 PLACIDA ROAD  
CAPE HAZE, FL 33946**

Mailing Address  
**7092 PLACIDA ROAD  
CAPE HAZE, FL 33946**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN -9 PM 3:13

DS-13-2008 90018 006 150.00

**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2365979**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BECKSTEAD, DEAN  
7092 PLACIDA RD  
CAPE HAZE, FL 33946-2501**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution, ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>VSD</b>
NAME	<b>BECKSTEAD, GABRIEL</b>
STREET ADDRESS	<b>7092 PLACIDA RD</b>
CITY-ST-ZIP	<b>CAPE HAZE, FL</b>
TITLE	<b>PTD</b>
NAME	<b>BECKSTEAD, DEAN</b>
STREET ADDRESS	<b>7092 PLACIDA RD</b>
CITY-ST-ZIP	<b>CAPE HAZE, FL</b>
TITLE	<b>AS S</b>
NAME	<b>BECKSTEAD, DEAN</b>
STREET ADDRESS	<b>7092 PLACIDA RD</b>
CITY-ST-ZIP	<b>CAPE HAZE, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/08 941-697-7207**  
Date Daytime Phone #