

DOCUMENT # H65971

1. Entity Name  
PORT OF THE ISLANDS REALTY, INC.

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90056 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

205 SUNRISE CAY, #105  
NAPLES FL 34114  
US

~~205 SUNRISE CAY, #105~~  
NAPLES FL 34114  
US

2. Principal Place of Business

3. Mailing Address

211 Pine Valley Cir  
Suite, Apt. #, etc.

P.O. Box 552  
Suite, Apt. #, etc.

City & State  
NAPLES, FL

City & State  
NAPLES, FL

4. FEI Number 59-2565607

Applied For

Not Applicable

Zip 34113 Country US

Zip 34106 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNARD, THOMAS L  
205 SUNRISE CAY #105  
NAPLES FL 34114

Name

Street Address (P.O. Box Number is Not Acceptable)

211 Pine Valley Cir

City NAPLES

FL

Zip Code 34113

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME BARNARD, THOMAS L ☐ Delete  
STREET ADDRESS 253 SUNRISE CAY #102  
CITY-ST-ZIP NAPLES FL

TITLE  
NAME BARNARD, THOMAS L ☒ Change ☐ Addition  
STREET ADDRESS P.O. Box 552  
CITY-ST-ZIP NAPLES, FL

TITLE  
NAME D ☐ Delete  
STREET ADDRESS 253 SUNRISE CAY #102  
CITY-ST-ZIP NAPLES FL

TITLE  
NAME HARDY, ROBERT F. ☒ Change ☐ Addition  
STREET ADDRESS P.O. Box 552  
CITY-ST-ZIP NAPLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)