


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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90039 031 ****61.25

DOCUMENT # N00537	
1. Entity Name THE HARBOR CLUB OF BONITA SPRINGS, INC.	

Principal Place of Business 26230 IMPERIAL HARBOR BLVD BONITA SPRINGS FL 34135 US	Mailing Address 26230 IMPERIAL HARBOR BLVD BONITA SPRINGS FL 34135
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2341673	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHADD, SUZANNE 26326 IMPERIAL HARBOR BLVD BONITA SPRINGS FL 34135
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7. Name and Address of New Registered Agent
Name
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.

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

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKINNER, FRANCES		NAME LORNE MARTIN	
STREET ADDRESS 26101 COLONY ROAD		STREET ADDRESS 26143 CABANA RD.	
CITY-ST-ZIP BONITA SPRINGS FL 34135		CITY-ST-ZIP BONITA SPRINGS, FL 34135	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, LORNE		NAME JERRY FOOS	
STREET ADDRESS 26143 CABANA RD		STREET ADDRESS 26060 KINGS RD.	
CITY-ST-ZIP BONITA SPRINGS FL 34135		CITY-ST-ZIP BONITA SPRINGS, FL 34135	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIGHT, PHYLLIS		NAME FRANCES SKINNER	
STREET ADDRESS 26063 COUNTESS LANE		STREET ADDRESS 26101 COLONY ROAD	
CITY-ST-ZIP BONITA SPRINGS FL 34135		CITY-ST-ZIP BONITA SPRINGS, FL 34135	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACK, DIANE		NAME ROGER SCOTT	
STREET ADDRESS 9319 BARON RD		STREET ADDRESS 26160 CABANA ROAD	
CITY-ST-ZIP BONITA SPRINGS FL 34135		CITY-ST-ZIP BONITA SPRINGS, FL 34135	
TITLE T	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHADD, SUZANNE		NAME SUZANNE SCHADD	
STREET ADDRESS 26326 IMPERIAL HARBOR BLVD.		STREET ADDRESS 26326 IMPERIAL HARBOR BLVD.	
CITY-ST-ZIP BONITA SPRINGS FL 34135		CITY-ST-ZIP BONITA SPRINGS, FL 34135	
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: SUZANNE SCHADD, Treasurer *Suzanne Schadd Treasurer 2/10/04 947-6708*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #