2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N01000006982

Entity Name: HARBOR HILLS GOLF SCHOLARSHIP PLAN, INC.

Current Principal Place of Business:

5400 SADDLEBACK CT
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

5400 SADDLEBACK CT
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 59-3665905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONE, WILLIAM J JR.
5400 SADDLEBACK CT
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STONE, WILLIAM J JR	
Address:	5400 SADDLEBACK CT	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	VPD	( ) Delete
Name:	FRAME, JOHN	
Address:	5460 GROVE MANOR	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	SD	( ) Delete
Name:	STONE, NANCY J	
Address:	5400 SADDLEBACK CT.	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	TD	( ) Delete
Name:	SCHOPPE, WAYNE F	
Address:	5312 GREENS DR	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	D	( ) Delete
Name:	MADDEN, MICHAEL J	
Address:	6048 TOPSAIL RD	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	D	( ) Delete
Name:	GOLDWIRE, RAYMOND H	
Address:	6044 SPINAKER LOOP	
City-St-Zip:	LADY LAKE, FL 32159	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. STONE JR. PD 04/30/2003

Electronic Signature of Signing Officer or Director — Date