


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90208 035 ****61.25

DOCUMENT # N04000000264 1. Entity Name GULF HARBOUR MEMORIAL FOUNDATION, INC					
Principal Place of Business 11640 COURT OF PALMS #404 FT. MYERS, FL 33908 US			Mailing Address 11640 COURT OF PALMS #404 FT. MYERS, FL 33908 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0597089	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARRIS, ARNOLD M 11640 COURT OF PALMS #404 FT MYERS, FL 33908				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, ARNOLD M 11640 COURT OF PALMS #404 FT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID James Fischette 14874 Crescent Cove Drive Ft Myers FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D James Banahan 14888 Crescent Cove Drive Ft Myers FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Donna Cicale 14501 Ocean Bluff Drive Ft Myers FL 33908	
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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: Donna Cicale Donna Cicale					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/25/05		Daytime Phone # 239/267-1746	