2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010818

Title:

Name:

Address:

City-St-Zip:

FILED Apr 10, 2008 Secretary of State

Entity Name: HARBOR LIGHTS SINGLES INC. **Current Principal Place of Business: New Principal Place of Business:** 2364 ABSCOTT STREET PORT CHARLOTTE, FL 33952 **Current Mailing Address: New Mailing Address:** 1825 TAMIAMI TRAIL A6, PMB 164 PORT CHARLOTTE, FL 33948 FEI Number: 42-1742433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHOENLE, ROBERT E 18138 LAKE WORTH BLVD PORT CHARLOTTE, FL 33948 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SCHOENLE, ROBERT E Name: Name: Address: 2364 ABSCOTT STREET Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MCAVE, HILDA Name: MCAVOY, HILDA Address: 18026 EAUGALLIE CIRCLE Address: 18026 EAUGALLIE CIRCLE City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948 Title: () Delete Title: () Change () Addition TROTTA, DIANE Name: Name: 22137 BEVERLY AVENUE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT SCHOENLE Ρ 04/10/2008

() Delete

PENNINGTON, BARBARA

2364 ABSCOTT STREET

PORT CHARLOTTE, FL 33952

() Change () Addition