## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N31616** 



FILED Mar 15, 2004 8:00 am Secretary of State 03-15-2004 90007 002 \*\*\*\*61.25

BRADENTON, FL 34210 BRADENTON, FL 34210	18150
2. Principal Place of Business 3. Mailing Address	
Suite, Apt. #, etc. Suite, Apt. #, etc. 02232004 Chg-NP CR2E037 (10/0	<b>)3)</b>
City & State City & State 4. FEI Number 65-0125426	Applied For Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75	Additional quired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
HARMONY MANAGEMENT	
4400 EL CONQUISTADOR PKWY  Street Address (P.O. Box Number is Not Acceptable)  STE 1	
BRADENTON, FL 34282	
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 the obligations of registered agent.	with, and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
Filling Fee is \$61.25  9. Election Campaign Financing  \$5.00 May Be  Due by May 1, 2004  9. Election Campaign Financing  Trust Fund Contribution.  Added to Fees  Florida Department of	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
THE D Gelete THE D	
NAME WACHTER, WILBER STREET ADDRESS 6609 STONE RIVER RD.  NAME ME come Staffor STREET ADDRESS 6609 STONE RIVER RD.	
STREET ADDRESS 6609 STONE RIVER RD.	
TITLE D Delete TITLE D	ンとくろ ange 🔲 Addition
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CITY-ST-ZIP BRADENTON, FL 34203  TITLE DT Delete TITLE DD DC Delete	ange Addition
DOUGH THE PROPERTY OF THE PROP	• •
STREET ADDRESS 6707 STONE RIDGE RD #205 STREET ADDRESS 6713 Stone River Rd #20	>5
CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP 13radenten 3/203.	Addition
TITLE D Delete TITLE Cha	ange 🔲 Addition
STREET ADDRESS 6609 STONE RIVER RD STREET ADDRESS	
CITY-ST-ZIP BRADENTON, FL, 34203 CITY-ST-ZIP	
TITLE Delete TITLE Cha	ange 🔲 Addition
NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Cha	ange 🔲 Addition
NAME NAME	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling 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: