

FILED

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Jul 06, 2001 8:00 am
Secretary of State

05-04-2001 90073 034 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004361			
1. Entity Name HARBOUR ISLES OF FORT LAUDERDALE, INC.			
Principal Place of Business 1942 S.E. 24TH AVENUE FT. LAUDERDALE FL 33216		Mailing Address P.O. BOX 460021 FT LAUDERDALE FL 33346 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0698516		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLE, WILLIAM 1942 S.E. 24TH AVENUE FT. LAUDERDALE FL 33316		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.			
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 4-26-01 DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO COLE, WILLIAM A 1942 SE 24TH AVE FT LAUDERDALE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO WATT, GRAHAM W. 1800 S OCEAN DRIVE FT LAUDERDALE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, PERRY 2200 S OCEAN DR #308 FORT LAUDERDALE FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DZAMBA, ROBERT 2100 S OCEAN DR FORT LAUDERDALE FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DZAMBA, ROBERT 2100 S OCEAN DR FORT LAUDERDALE FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DZAMBA, ROBERT 2100 S OCEAN DR FORT LAUDERDALE FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'CONNOR, LILYAN 1900 S OCEAN DR FORT LAUDERDALE FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☐ Change ☐ Addition
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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 5-18-01 Daytime Phone 8 763-7053	

NAME: LORRAINE SMITH
ADDRESS: 1920 S OCEAN DR
FT. LAUDERDALE 33316

TREASURER

CR2037 (10/00)