

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-13-2002 90191 039 ****61.25

DOCUMENT # N96000004361

1. Entity Name

HARBOUR ISLES OF FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

**1942 S.E. 24TH AVENUE
 FT. LAUDERDALE FL 33216**

**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

7. Name and Address of New Registered Agent

**COLE, WILLIAM
 1942 S.E. 24TH AVENUE
 FT. LAUDERDALE FL 33316**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
**COLE, WILLIAM A
 1942 SE 24TH AVE
 FT LAUDERDALE FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**WATT, GRAHAM W.
 1800 S OCEAN DRIVE
 FT LAUDERDALE FL** ☐ Delete **D**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**WILLAM, PERRY
 2200 S OCEAN DR #308
 FORT LAUDERDALE FL 33316** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DZAMBA, ROBERT
 2100 S OCEAN DR
 FORT LAUDERDALE FL 33316** ☐ Delete **D**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**JACKSON, HELEN
 2000 S OCEAN DRIVE
 FORT LAUDERDALE FL 33316** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**O'CONNOR, LILYAN
 1900 S OCEAN DR
 FORT LAUDERDALE FL 33316** ☐ Delete **D**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TREASURER
 LORRAINE C. SMITH
 1920 S Ocean Dr. Ft. Lauderdale, FL 33316** ☐ Change ☒ Addition **D**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**John Gattuso
 1925 S. Ocean Dr. 33316
 Ft. Lauderdale, FL** ☐ Change ☐ Addition **D**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Chris Kenniston
 1851 S Ocean Dr
 Ft. Lauderdale, FL 33316** ☐ Change ☐ Addition **D**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Donald Taft
 1850 S Ocean Dr
 Ft. Lauderdale, FL 33316** ☐ Change ☐ Addition **D**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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: *(Signature)*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 984-763-7053
 Date Daytime Phone

CR2E037 (9/01)