2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004361

FILED Apr 07, 2005 Secretary of State

Entity Name: HARBOUR ISLES OF FORT LAUDERDALE, INC.

Current Principal Place of Business:					New Principal Place of Business:			
2000 S. OC	CEAN DR.							
1710 FT. LAUDE	ERDALE, FL 3	3316	US					
Current Mailing Address:					New Mailing Address:			
P.O. BOX 4	460021					_		
	RDALE, FL 33	3346 l	JS					
FEI Number:	65-0698516	FEI Nun	mber Applied For()	FEI Numbe	er Not Appli	icable ()	Certificate of Status Desired	I ()
Name and	Address of C	urrent R	Registered Agent:	N	lame and	Address of	New Registered Agent:	
2000 S. OC 1710								
FT. LAUDE	ERDALE, FL 3	3316 US	3					
	named entity s of Florida.	submits t	his statement for the p	urpose of c	hanging it	s registered	office or registered agent, of	or both,
SIGNATUF	RE:							
	Electron	ic Signat	ture of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	KENNISTON, CH 2000 S. OCEAN FORT LAUDERI VP () TAFT, DON 1850 S. OCEAN FT LAUDERDAL	I DR. DALE, FL Delete I DR.; #305 LE, FL 333 Delete I DR	5 316 US	N: Ar C: Ti N: Ar C: Ti N: Ar	itle: lame: ddress: ity-St-Zip: lame: lame: ddress: ity-St-Zip: ittle: lame: ddress: ity-St-Zip: lame: ddress: ity-St-Zip:	KENNISTON, 2000 S. OCE, FORT LAUDE	(X) Change () Addition CHRIS AN DR.; #1710 ERDALE, FL 33316 US () Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle:	DZAMBA, ROBE 2100 S OCEAN FORT LAUDERI D ()	DR DALE, FL Delete	33316 US	N; Ac C	itle: lame: ddress: ity-St-Zip: itle:		() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	BAKER, IRVING 2200 S.OCEAN FORT LAUDERI D () GRAYSON, WIL 2200 S.OCEAN FORT LAUDERI	LN; #707 DALE, FL Delete LIIAM LN		Ar C Ti N: Ar	lame: ddress: iity-St-Zip: iitle: lame: ddress: iity-St-Zip:	(() Change() Addition	

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

SIGNATURE: CHRIS KENNISTON T 04/07/2005