

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90132 034 \*\*\*\*61.25

**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

4. FEI Number **65-0698516**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-06-03

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME **SMITH, LORRAINE C**  
STREET ADDRESS **1920 S OCEAN DR.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

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

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

D ☐ Delete  
NAME **GRATTUSO, JOHN**  
STREET ADDRESS **1925 S OCEAN DR**  
CITY-ST-ZIP **FT LAUDERDALE FL 33816**

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

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

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

D ☐ Delete  
NAME **KENNISTOZ, CHRIS**  
STREET ADDRESS **1851 S OCEAN DR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

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

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

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 REQUIRED

Lorraine C. Smith 9-6-03

CR2E037 (4/03)