2004 NOT-FOR-PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N99000002184** 04-30-2004 90403 001 ***857.50 GULF HARBOUR GOLF & COUNTRY CLUB, INC. Mailing Address Principal Place of Business 24301 WALDEN CENTER DR. 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 65-0924265 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HASTINGS, VIVIEN ESQ. Street Address (P.O. Box Number is Not Acceptable) 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be \Box Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DΡ ☐ Change XXAddition TITLE TITLE DST X XDelete D'ALESSANDRO, EDWARD NAME NAME Richard L. Mant 24301 WALDEN CENTER DR. STREET ADDRESS STREET ADDRESS 24301 Walden Center Drive BONITA SPRINGS, FL 34134 CITY-ST-ZIP CITY-ST-ZIF Bonita Springs, FL 34134 TITLE DV □ Delete TITLE ☐ Change ☐ Addition ALESSANDRO, EDWARD NAME NAME 24301 WALDEN CENTER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP [X]Xbelete TITLE ☐ Change ☐ Addition TITLE YOUNG, DOUGLAS NAME NAME 24301 WALDEN CENTER DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP BONITA SPRINGS, FL 34134 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ■ Addition DEVRIES, RUSSELL NAME STREET ADDRESS 14500 VISTA RIVER DRIVE STREET ADDRESS FORT MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition ☐ Change TITI F TITLE NAME CAROSELLI, FRANK NAME 14500 VISTA RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP ☐ Addition TITLE ŊΡ ☐ Delete TITLE Change

pplemental report is true and its film polemental report is true and its firm of trustee empowered it with all address, with all address, with all address. 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 of trustee empowered acceptate 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 all address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7/P

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SNANBRIA, EDWARD

24301 WALDON CENTER DR

BONITA SPRINGS, FL 34134

Edward Sanabria IRE AND TYPED OR PRINTE IGNING OFFICER OR DIRECTOR

04/20/2004

239-498-8605

FILED

Davrime Phone #