

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91865 027 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000100415**

1. Entity Name  
**HARBOUR TOWN PROPERTIES, INC.**



Principal Place of Business  
**1114 FLOTILLA CLUB DRIVE  
INDIAN HARBOUR BEACH, FL 32973-4213**

Mailing Address  
**1114 FLOTILLA CLUB DRIVE  
INDIAN HARBOUR BEACH, FL 32973-4213**

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

**04-3597070**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TRAFTON, JUDY K  
1114 FLOTILLA CLUB DRIVE  
INDIAN HARBOUR BEACH, FL 32973-4213**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

*Judy Trafton*

(NOTE: Registered Agent's signature required when submitting)

DATE

**4-29-03**

**FILED NOW IN SECT 1180 DP  
After May 1, 2003 Fee will be \$800.00  
Mail check payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | PSTD                               | <input type="checkbox"/> Delete |
| NAME           | TRAFTON, JUDY K                    |                                 |
| STREET ADDRESS | 1114 FLOTILLA CLUB DRIVE           |                                 |
| CITY-ST-ZIP    | INDIAN HARBOUR BEACH, FL 329734213 |                                 |
| TITLE          | VD                                 | <input type="checkbox"/> Delete |
| NAME           | TRAFTON, DAVID G                   |                                 |
| STREET ADDRESS | 1114 FLOTILLA CLUB DRIVE           |                                 |
| CITY-ST-ZIP    | INDIAN HARBOUR BEACH, FL 329734213 |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 607, 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:

*David G. Trafton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-03 321-773-1626**

Date

Daytime Phone #

CR2ED34 (10/02)