

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000013200

1. Corporation Name

THE HARBOR GROUP MANAGEMENT CORPORATION

| Principal Place of Business | | | Mailing Address | | | | | 14141 (1844 IIII4 III4 | | |
|---------------------------------|--|------------------|---------------------------|---|---|-----------------------|---|------------------------|--------------|---|
| 813 HUMMINGBIRD WAY | | | PO BOX 14823 | | | | | | | |
| 57 | | | NORTH PALM BEACH FL 33408 | | | | DO NOT WRITE IN THIS SPACE | | | |
| NORTH PALM BEACH FL 33408 US | | 05 | U\$ | | | | 3. Date Incorporated or Qualifed | | | |
| UŞ | | | | | | | 12/21/1992 | | | |
| 2 Principal P | lace of Business | 2a. | Mailing Address | | | | 4, FEI Number | Ap | plied For | |
| 21 | | - | 26 | | | | 65-0376048 | No | t Applicable | |
| Suite Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | \$8.75 | dditional | |
| 22 4 A | | 27 | 27 | | | | 5. Certifcate of Status Desired | Fee Re | quired | |
| City & State | | - | City & State | | | | 6.≠Election Campaign Financing | \$5:00- | May Be | = |
| 23 | | 28 | | | | | Trust Fund Contribution | Added t | o Fees | |
| Zip | Country | | Zip | co | untry | | 8. This corporation owes the current year | | | |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. | | No. | |
| | 9. Name and Address of Current | Regist | ered Agent | | 04 | Mana | 10. Name and Address of New Register | red Agent | | |
| CMIT | THE IOHN W/ | | | | 81 | Name | | | | |
| | rh, John W Hummingbird Way | | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable) | <u> </u> | | |
| | TIOMINITADING WAT | | | | 83 | | | | | |
| = - | RTH PALM BEACH FL 33408 | | | | 63 | | | | | |
| 1101 | IIII I ABIII BEACTI E CONTO | | | | 84 | City | | 85 Zip (| Code | |
| | | | 7 4500 Florido Oleko | | | | oration submits this statement for the purpos | e of changing its | registered | |
| office or r | egistered agent, or both, in the State o | of Florid | a. Such change was a | iuthonze | ed by | the corporation | n's board of directors. I hereby accept the a | pointment as re | gistered | |
| agent. I a | m familiar with, and accept the obligati | ions of, | Section 607.0505, Flo | orida Sta | atutes | • | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if | soplicable (NOT) | : Register | ed Ager | nt signature required | when reinstating) DATI | | — ì | |
| 12. | OFFICERS AND | | | 13 | | | ADDITIONS/CHANGES TO OFFICERS | S AND DIRECTO | RS IN 12 | Š |
| TITLE | P | | ☐ DELETE | 1.1 | TITLE | | | ☐ Change | ☐ Addition | 3 |
| NAME | SMITH, CHERYL A | | | 1.2 | NAME | | • | | | 2 |
| STREET ADDRESS | 813 HUMMINGBIRD WAY, 4A | | | 1.3 | STREE | ADDRESS | • | | ļ | į |
| CITY-ST-ZIP | N PALM BEACH FL | | | 1.4 | CITY-S | T-ZIP | · | | | Č |
| TITLE | ٧ | | ☐ DELETE | 2.1 | TITLE | | | ☐ Change | ☐ Addition | • |
| NAME | SMITH, JOHN W. | | | 2.2 | NAME | | | | | |
| STREET ADDRESS | 813 HUMMINGBIRD WAY, 4A | | | 2.3 | STREE | TADORESS | | | | |
| CITY-ST-ZIP | N PALM BEACH FL | | | 2.4 | CITY-S | T-ZIP | <u> </u> | | | |
| TITLE | | <u> المناسنة</u> | ☐ DELETE | 3.1 | ŢITLE_ | | | Change_ | Addition | |
| NAME | | | | 3.2 | NAME | | | | | |
| STREET ADDRESS | | | | 3.3 | STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | 3.4. | CITY-S | 57-ZIP | | | | |
| TITLE | | | ☐ DELETE | 4.1 | TITLE | | | Change | ☐ Addition | |
| NAME | | | | | | I | | | | |
| STREET ADDRESS | | | | 4, 2 | NAME | | | | | |
| CITY-ST-ZIP | | | | | | TADDRESS | | | | |
| TITLE | | | | 4.3 4.4 | STREE CITY-S | 1 | | Chance | T Addition | |
| | | | ☐ DELETE | 4.3 4.4 5.1 | STREE CITY-S TITLE | 1 | | Change | ☐ Addition | |
| NAME | | | ☐ DELETE | 4.3 4.4 5.1 5.2 | STREE CITY-S TITLE NAME | T-ZIP | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | ☐ DELETE | 4.3 4.4 5.1 5.2 5.3 | STREE CITY-S TITLE NAME STREE | T-ZIP | | | ☐ Addition : | |
| STREET ADDRESS CITY-ST-ZIP | | | | 4.3 4.4 5.1 5.2 5.3 5.4 | STREE CITY-S TITLE NAME STREE CITY-S | T-ZIP | | <i>r</i> . | | |
| STREET ADDRESS | | | ☐ DELETE | 4.3 4.4 5.1 5.2 5.3 5.4 6.1 | STREE CITY-S TITLE NAME STREE | T-ZIP | | | ☐ Addition | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90108 021 ***150.00