2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 22, 2004 8:00 am DOCUMENT # P94000083379 **Secretary of State** 03-22-2004 90058 007 \*\*\*158.75 SUNSET HARBOR CLUB, INC. Mailing Address Principal Place of Business 4500 EXECUTIVE DRIVE 5672 STRAND COURT 04000000 SUITE 01 SUITE 100 NAPLES FL 34119 NAPLES FL 34110 3. Mailing Address 2. Principal Place of Business COURT 5672 STRAND Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) <u>Sute</u> Applied For City & State City & State 4. FEI Number 65-0536172 NAPL Not Applicable Zio 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 KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND COURT SUITE 1 NAPLES FL 34110 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition Delete TITLE TITLE HARDY, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 5692 STRAND COURT #3 CITY-ST-ZIP NAPLES FL 34110 CITY-ST-7IP Addition P/D ☐ Delete TITLE TITLE HARDY, ROBERT PAUL NAME NAME 5692 STRAND COURT #1 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE NAME KELLY, JANET STREET ADDRESS STREET ADDRESS 5672 STRAND COURT #1 CITY-ST-ZIP NAPLES FL 34110 CITY-ST-7IP VΡ Change Addition TITLE ☐ Delete TITLE KELLY, JANET NAME 5672 STRAND COURT #1 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-7iP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

**FILED**