FILED
May 12 1997 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $55(

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT
Sandra B. Mori
Secretary of St
DIVISION OF CORPO

DOCUMENT # P95000016538 (7)

1. Corporation Name
HARBOUR ISLE REALTY, INC.

Principal Place of Business
17499 MCGREGOR BLVD.
FT. MYERS FL 33908

Mailing Address
17499 MCGREGOR BLVD.
FT. MYERS FL 33908-2744

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
02/27/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0557207
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
NAUMANN, MARK
17499 MCGREGOR BLVD.
FT. MYERS FL 33908

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorize the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sts.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	NELLANS, LARRY	
STREET ADDRESS	15065 MCGREGOR BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DV	☐ DELETE
NAME	DUNBAR, ELLEN	
STREET ADDRESS	16998 CAPTIVA DR.	
CITY-ST-ZIP	CAPTIVA FL 33924	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1		☐ Change ☐ Addition
1.2		
1.3 ET ADDRESS		
1.4 - ST - ZIP		
2.1		☐ Change ☐ Addition
2.2 ME		
2.3 SET ADDRESS		
2.4 Y - ST - ZIP		
3.1 TE		☐ Change ☐ Addition
3.2 NAF		
3.3 REET ADDRESS		
3.4 ITY - ST - ZIP		
4.1 TLE		☐ Change ☐ Addition
4.2 AME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 REET ADDRESS		
5.4 TY - ST - ZIP		
6.1 TLE		☐ Change ☐ Addition
6.2 AME		
6.3 REET ADDRESS		
6.4 TY - ST - ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] MARK NAUMANN 4-30-97 941-454-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #