FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P95000016538 (7)

HARBOUR ISLE REALTY, INC.

Principal Place of Business Mailing Address 17499 MCGREGOR BLVD. 17499 MCGREGOR BLVD. FT. MYERS FL 33908 FT. MYERS FL 33908 02/27/1995 2. Principal Place of Business 2a. Mailing Address 21 26 65-0557207 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 **Trust Fund Contribution** 28 Zip Zin Country 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name NAUMANN, MARK 17499 MCGREGOR BLVD. 82

FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33908 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-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 authorized by 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 Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature regulred when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1 1 TITLE Channe **NELLANS, LARRY** MALAF 1.2 NAME 15065 MCGREGOR BLVD. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33908 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 THLE DUNBAR, ELLEN NAME 2.2 NAME 16998 CAPTIVA DR. STREET ADDRESS 2.3 STREET ADDRESS CAPTIVA FL 33924 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE **DELETE** 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

4/30/98