

<h1>DOCUMENT # P95000016538</h1>			
1. Entity Name <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">HARBOUR ISLE REALTY, INC.</div>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<div style="font-weight: bold; margin-bottom: 5px;">NAUMANN, MARK</div> <div style="margin-bottom: 5px;">17499 MCGREGOR BLVD.</div> <div style="margin-bottom: 5px;">FT. MYERS FL 33908</div>		Name	
		Street Address ()	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required)</small></div></div>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="font-weight: bold; margin-bottom: 5px;">FILE NOW!!! FEE IS \$150.00</div> <div style="margin-bottom: 5px;">After MAY 1, 2000 Fee will be \$550.00</div> <div style="margin-bottom: 5px;">Make Check Payable to Department of State</div>	
11. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> Delete	
NAME	NELLANS, LARRY		
STREET ADDRESS	15065 MCGREGOR BLVD.		
CITY-ST-ZIP	FT. MYERS FL 33908		
TITLE	DV	<input type="checkbox"/> Delete	
NAME	DUNBAR, ELLEN		
STREET ADDRESS	16998 CAPTIVA DR.		
CITY-ST-ZIP	CAPTIVA, FL 33924		
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"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.			
<div style="display: flex; align-items: center;"><div style="flex: 1;">SIGNATURE: _____</div><div style="flex: 1; text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div></div>			