2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000016538

1. Entity Name HARBOUR ISLE REALTY, INC.



Apr 25, 2003 8:00 am \$ Secretary of State 04-25-2003 90272 012 ***

Principal Place of Business 17499 MCGREGOR BLVD. FT. MYERS FL 33908 Mailing Address 17499 MCGREGOR E FT. MYERS FL 33908 FT. MYERS FL 33908											
2. Principal F	Place of Busi	ness	3. Mailing Address					0 10076801 810 10101 01811 08111 61		DI IKUNU ONIŲ! ŪRN	JO (1191 1211 1901
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	4. FEI Number 65-0557207			Applied For	
Zip — Country			Zip Country			try-	5.	5. Certificate of Status Desired Fee			dditional
	6. Name	and Address of Curren	t Registered	Agent		I	7.	Name and Address of New F	Registere	d Agent	
		<u></u>				Name					 · —
NAUMANN, MARK 17499 MCGREGOR BLVD.						Street Address (P.O. Box Number is Not Acceptable)					
	RS FL 3390										_ _
· 						City			F	L Žip Co	de
	e named entit tions of regis		or the purpos	se of changing its r	registere	ed office or	registered a	gent, or both, in the State of Fig	orida. Lar	m familiar with	i, and accept
SIGNATURE	Signature, typed	or printed name of registered ager	t and title if applica	able, (NOTE:	: Registere	d Agent signatur	re required when	reinstating)	DATE		
Afte	r May 1, 20	I! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o		·		* 61		Election Campaign Fir Trust Fund Contribution	_		00 May Be ed to Fees
10.		OFFICERS AND	D DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				RS IN 11
TITLE NAME	DP NELLANS	. LARRY	··	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS	15065 MC	GREGOR BLVD. S FL 33908				ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLA, VA 2417 WUI SANIBEL-	lfert rd	*****	☐ Oelete		E Et address		Sgr Singular - I Singular		☐ Change	Addition
TITLE	07 41 11 12 12			☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						E Et address - St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1	1			Change	Addition
TITLE	 			☐ Delete	TITLE					Change	Addition

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

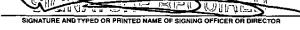
NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP



☐ Delete

☐ Change

Addition