
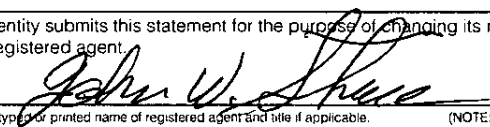


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90018 016 \*\*\*158.75

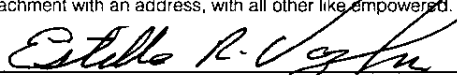
<b>DOCUMENT # P97000043344</b>			
1. Entity Name <b>HARBOR APARTMENTS OF NAPLES, INC.</b>			
Principal Place of Business <del>716 CHARLEMAGNE BLVD</del> <del>NAPLES FL 34112</del> <del>US</del>		Mailing Address <del>716 CHARLEMAGNE BLVD</del> <del>NAPLES FL 34112</del> <del>US</del>	
2. Principal Place of Business <b>2996 FRANCIS AVE.</b>		3. Mailing Address <b>1035 KY. HWY. 36 E.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NAPLES, FL.</b>		City & State <b>CYNTHIANA, KY</b>	
Zip <b>34112</b>	Country <b>COLLIER</b>	Zip <b>41031</b>	Country <b>HARRISON</b>
6. Name and Address of Current Registered Agent  <b>VAUCHU, ESTILLE R</b> <b>716 CHARLEMAGNE BLVD</b> <b>NAPLES FL 34112</b>		7. Name and Address of New Registered Agent Name <b>JOHN-WILLIAM SHAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>2580 ANDREW DR</b> City <b>NAPLES</b> FL Zip Code <b>34112</b>	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VAUGHN, ESTILLE <del>716 CHARLEMAGNE BLVD</del> <del>NAPLES FL 34112</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAUGHN, ESTILLE</b> <input type="checkbox"/> Delete <b>1035 KY. HWY. 36 E.</b> <b>CYNTHIANA, KY 41031</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

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.

SIGNATURE:  **3/22/04** **859-235-0836**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #