2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 01, 2006 08:00 Al Secretary of State **DOCUMENT # P97000043344** HARBOR APARTMENTS OF NAPLES, INC. Mailing Address Principal Place of Business 1044 CASTELLO DR **1044 CASTELLO DR STE 106 STE 106** NAPLES, FL 34103 NAPLES, FL 34103 ÜŜ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03022006 Chg-P Applied For 4. FEI Number City & State City & State 59-3450141 Not Applicable \$8.75 Additional Country Country Zìp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHAW, JOHN WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2580 ANDREW DR NAPLES, FL 34112 City Zip Code 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. 4-25-06 SIGNATURE ne of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE PTD ☐ Delete TITLE ☐ Change 1100000552723 VAUGHN, ESTILLE NEWF NAME 05/15/06-80020-010 150.00 STREET ADDRESS 1520 KV HWY 365 STREET ADDRESS CITY-ST-ZIP CYNTHIANA, KY 41031 CITY-ST-ZIP Addition ☐ Delete me Change IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TILLE Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE स रहार NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.