

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90129 044 \*\*\*150.00

0132769 AV

**DOCUMENT # P99000055277**

1. Entity Name  
**GHA HARBOR ISLAND, INC.**



Principal Place of Business  
**2121 GRAND HARBOR BLVD  
VERO BEACH FL 32967**

Mailing Address  
**3755 7TH TERRACE  
STE-301  
VERO BEACH FL 32960**

**11029407**



2. Principal Place of Business  
**3755 7th Terrace**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 301**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Vero Beach, FL**

City & State

4. FEI Number  
**59-3586241**

Applied For

Not Applicable

Zip  
**32960**

Country  
**US**

Zip

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENN, PETER J  
2121 GRAND HARBOR BLVD  
VERO BEACH FL 32967**

Name  
**Henn, Peter J.**

Street Address (P.O. Box Number is Not Acceptable)  
**3755 7th Terrace, Suite 301**

City  
**Vero Beach, FL**

**FL**

Zip Code  
**32960**

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 is required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD** ☐ Delete  
NAME  
**HENN, PETER J**  
STREET ADDRESS  
**2121 GRAND HARBOR BLVD**  
CITY-ST-ZIP  
**VERO BEACH FL 32967**

TITLE  
**PD** ☒ Change ☐ Addition  
NAME  
**Henn, Peter J.**  
STREET ADDRESS  
**3755 7th Terrace, Suite 301**  
CITY-ST-ZIP  
**Vero Beach, FL 32960**

TITLE  
**D** ☐ Delete  
NAME  
**STORETVEDT, J P**  
STREET ADDRESS  
**2121 GRAND HARBOR BLVD**  
CITY-ST-ZIP  
**VERO BEACH FL 32967**

TITLE  
**D** ☒ Change ☐ Addition  
NAME  
**Storetvedt, Jan Petter**  
STREET ADDRESS  
**3755 7th Terrace, Suite 301**  
CITY-ST-ZIP  
**Vero Beach, FL 32960**

TITLE  
**VPS** ☐ Delete  
NAME  
**NORTH, ANNABEL**  
STREET ADDRESS  
**3755 7TH TERRACE, SUITE 301**  
CITY-ST-ZIP  
**VERO BEACH FL 32960**

TITLE  
**S** ☒ Change ☐ Addition  
NAME  
**North, Annabel**  
STREET ADDRESS  
**3755 7th Terrace, Suite 301**  
CITY-ST-ZIP  
**Vero Beach, FL 32960**

TITLE  
**VT** ☐ Delete  
NAME  
**MCLAIN, MARY**  
STREET ADDRESS  
**3755 7TH TERRACE, SUITE 301**  
CITY-ST-ZIP  
**VERO BEACH FL 32960**

TITLE  
☐ Change ☐ Addition  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
☐ Change ☐ Addition  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER J. HENN**

Date

Daytime Phone #

**772-778-0180**

CR2E034 (10/02)