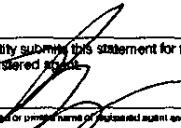
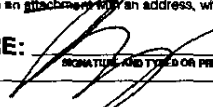


FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90038 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000063231		
1. Entity Name WATERFRONT LIFESTYLES REALTY, INC.		
Principal Place of Business 2000 WEBBER ST. SARASOTA, FL 34239		Mailing Address 4712 HIGH AVE SARASOTA, FL 34242
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 65-0937757		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GUENTNER, BRYAN 4712 HIGEL AVE. SARASOTA, FL 34242		7. Name and Address of New Registered Agent Name BRYAN GUENTNER Street Address (P.O. Box Number is Not Acceptable) 4752 OLD STONE RD City SARASOTA, FL Zip 34233
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  Date 7/1/03 (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when appointing)		
FILE NOW WITH FEES \$150.00 After May 1, 2003, fee will be \$250.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PS GUENTNER, BRYAN 2000 WEBBER ST. SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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)(1), 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 to this address, with all other like empowered.		
SIGNATURE:  7/1/03 94/9259090 (Signature and typed or printed name of signing officer or director)		

CR2034 (10/02)