

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # 709783

1. Entity Name
HARBOR HOUSE EAST, INC.



Principal Place of Business
**9 N BIRCH RD
FORT LAUDERDALE, FL 33304-4332**

Mailing Address
**9 N BIRCH RD
FORT LAUDERDALE, FL 33304-4332**



01072008 No Chg-NP

CR2E037 (408)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1204732

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AKROYD, NESTA
9 NORTH BIRCH ROAD
APT 201
FORT LAUDERDALE, FL 33304**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000787274
01/17/08-80073-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUHLER, SYDNEY
STREET ADDRESS 9 N. BIRCH RD.
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE D
NAME Kossman, Christine
STREET ADDRESS 9 N. Birch Rd.
CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE SD
NAME AKROYD, NESTA
STREET ADDRESS 9 N BIRCH RD
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE TD
NAME GREENE, MARJORIE
STREET ADDRESS 9 N BIRCH RD
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE VD
NAME TEIXEIRA, DAN
STREET ADDRESS 9 N. BIRCH RD.
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: *Marjorie Greene*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARJORIE GREENE

Jan 12/08
Date

954-462-8723
Daytime Phone