

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 709783

1. Entry 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)

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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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BUHLER, SYDNEY 9 N. BIRCH RD. FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kossman, Christine 9 N. Birch Rd. Ft. Lauderdale, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKROYD, NESTA 9 N BIRCH RD FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENE, MARJORIE 9 N BIRCH RD FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEIXEIRA, DAN 9 N. BIRCH RD. FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* **MARJORIE GREENE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Jan 12/08* **Jan 12/08**
Date

Daytime Phone: *954-462-8723* **954-462-8723**
Daytime Phone