

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735945

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** HARBOR ESTATES ASSOCIATES, INC.

**Current Principal Place of Business:**

399 S.W. HARBOR STREET  
STUART, FL 349976226

**New Principal Place of Business:**

**Current Mailing Address:**

399 S.W. HARBOR STREET  
STUART, FL 349976226

**New Mailing Address:**

**FEI Number:** 59-2927458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYHREN, PATRICIA M  
399 SW HARBOR ST  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BEAN, SCOTT  
Address: 615 S.W. ST. LUCIE STREET  
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete  
Name: SMITH, TERRELL  
Address: 390 SW HARBOR ST  
City-St-Zip: STUART, FL 34997

Title: PD ( ) Delete  
Name: WILSON, PAMELA  
Address: 272 SW ST. LUCIE STREET  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: ROCHESTER, CAROL  
Address: 590 SW HARBOR ST  
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete  
Name: MYHREN, PATRICIA M  
Address: 399 SW HARBOR ST  
City-St-Zip: STUART, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M MYHREN

TD

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date