


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 254267 1. Entity Name HARBOR HOUSE ASSOCIATES INC	
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Principal Place of Business 201 N. RIVERSIDE DRIVE POMPAÑO BEACH, FL 33062	Mailing Address 201 N. RIVERSIDE DRIVE POMPAÑO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0946012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NASSEF, RONALD
7690 NW 18TH ST #207
MARGATE, FL 33063**

**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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000263660 03/14/05-80101-018 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLEICH, GRETA 201 N. RIVERSIDE DR. A602 POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELNIK, JEANETTE 201 N. RIVERSIDE DR #102 POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PINTO, RICHARD 201 N. RIVERSIDE DR #704 POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MIDLER, JUNE 201 N. RIVERSIDE DR. A 406 POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: Greta E. Bleich Greta E. Bleich 3/12/05 9547861199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #