

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735945

Entity Name: HARBOR ESTATES ASSOCIATES, INC.**Current Principal Place of Business:**329 S.W. HARBOR STREET
STUART, FL 34997-6226**Current Mailing Address:**329 S.W. HARBOR STREET
STUART, FL 34997-6226 US**FEI Number:** 59-2927458**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRANDSIRE, MARYL A
329 S.W. HARBOR STREET
STUART, FL 34997-6226 US*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**Officer/Director Detail :**

Title	STD
Name	GRANDSIRE, MARYL
Address	329 SW HARBOR ST
City-State-Zip:	STUART FL 34997

Title	PD
Name	PRICE, MATTHEW
Address	525 S.W. HARBOR ST.
City-State-Zip:	STUART FL 34997

Title	VP
Name	IVES, DARIN
Address	271 S.W. ST. LUCIE ST.
City-State-Zip:	STUART FL 34997

Title	D
Name	BROWN, JAMES
Address	270 S.W. HARBOR ST.
City-State-Zip:	STUART FL 34997

Title	D
Name	MCGLYNN, DONNA
Address	630 S.W. HARBOR ST.
City-State-Zip:	STUART FL 34997

I hereby 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 all other like empowered.

SIGNATURE: MARYL A. GRANDSIRE

STD

03/18/2014

Electronic Signature of Signing Officer/Director Detail_____
Date