

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000001638

**Entity Name:** HARMONY HOME MEMORY CARE CORP

**Current Principal Place of Business:**

4011 N CYPRESS DRIVE APT 201  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

4011 N CYPRESS DRIVE APT 201  
POMPANO BEACH, FL 33069 US

**FEI Number: 88-0759353**

**Certificate of Status Desired: No**

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

JACQUELYN WHITE  
4011 N CYPRESS DRIVE APT 201  
POMPANO BEACH, FL 33069 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 DP  
Name JACQUELYN WHITE  
Address 4011 N CYPRESS DRIVE APT 201  
City-State-Zip: POMPANO BEACH FL 33069

Title D  
Name KARI KOULOURIS  
Address 2757 NE 30TH STREET  
City-State-Zip: LIGHTHOUSE POINT FL 32064

Title D  
Name KEN LUNKINS  
Address 1505 NW 80TH AVENUE UNIT F  
City-State-Zip: MARGATE FL 33063

*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: JACQUELYN WHITE**

**CEO**

**04/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date