

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001464

Entity Name: HARBOR RETIREMENT ASSOCIATES, LLC**Current Principal Place of Business:**958 20TH PLACE
2ND FLOOR
VERO BEACH, FL 32960**Current Mailing Address:**958 20TH PLACE
2ND FLOOR
VERO BEACH, FL 32960 US**FEI Number:** 04-3585453**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :**Title** CHAIRMAN/MANAGING PARTNER
(DIRECTOR)**Name** SMICK, TIMOTHY S**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** SECRETARY/VICE PRESIDENT/CDO**Name** JENNINGS, CHARLES**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** SOLE MEMBER AND MANAGER**Name** IIRA HOLDINGS, LLC**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** PRESIDENT/CEO**Name** HANSON, SARABETH**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** ASSISTANT
SECRETARY/TREASURER/CFO**Name** COLLINS, CHRIS**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** COO**Name** LEWIS, KIM**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY S. SMICKCHAIRMAN/MANAGING
PARTNER

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date