

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016678

Entity Name: HARBOR ASSISTED LIVING, 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:** 20-0130605**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
Name SMICK, TIMOTHY S.
Address 958 20TH PLACE
2ND FLOOR
City-State-Zip: VERO BEACH FL 32960

Title VP SECRETARY CDO
Name JENNINGS, CHARLES N
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

Title PRESIDENT CEO
Name HANSON, SARABETH
Address 958 20TH PLACE
2ND FLOOR
City-State-Zip: VERO BEACH FL 32960

Title CFO TREASURER ASSISTANT
SECRETARY
Name COLLINS, CHRIS
Address 958 20TH PLACE
2ND FLOOR
City-State-Zip: VERO BEACH FL 32960

Title MANAGING MEMBER
Name HARBOR RETIREMENT ASSOCIATES,
LLC
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

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date