2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 254267

Entity Name: HARBOR HOUSE ASSOCIATES INC

Current Principal Place of Business:

201 N. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

201 N. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-0946012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLKE, LINDA M
201 N RIVERSIDE DR 403
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEST, JIM
Address: 201 N RIVERSIDE DR 501
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: STEVENS, BOB
Address: 201 N RIVERSIDE DR 101
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: HOLKE, LINDA M
Address: 201 N RIVERSIDE DR 403
City-St-Zip: POMPANO BEACH, FL 33062

Title: DST ( ) Delete
Name: LARRY, ASCHINGER
Address: 201 N RIVERSIDE DR 502
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: RICKETTS, JOHN
Address: 201 N RIVERSIDE DR 803
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: BERGER, MERV
Address: 201 N RIVERSIDE DR 302
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. LINDA HOLKE D 01/13/2009

Electronic Signature of Signing Officer or Director — Date