

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 254267

FILED
Feb 15, 2011
Secretary of State

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:

HOLKE, LINDA M
201 N RIVERSIDE DRIVE
403
POMPANO BEACH, FL 33062 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:

02/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D
Name: WEST, ELIZABETH
Address: 201 N RIVERSIDE DR 503
City-St-Zip: POMPANO BEACH, FL 33062

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: M. LINDA HOLKE

D

02/15/2011

Electronic Signature of Signing Officer or Director

Date