

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702622

FILED
Jul 25, 2008
Secretary of State

Entity Name: HARBOR ACRES GROUP, INC.

Current Principal Place of Business:

3760 RUBIN ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3760 RUBIN ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-2348599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GAVIN, KRISTY
3760 RUBIN ROAD
JACKSONVILLE, FL 32257 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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GAVIN, KRISTY
Address: 3760 RUBIN ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPT () Delete
Name: O'QUINN, ROBERT E
Address: 3715 HARBOR ACRES LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: TT () Delete
Name: DUNNE, ELIZABETH
Address: 3730 HARBOR ACRES LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST () Delete
Name: MARKS, JEFFREY B
Address: 3771 RUBIN ROAD
City-St-Zip: JACKSONVILLE, FL 32257

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:

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

SIGNATURE: KRISTY GAVIN

PT

07/25/2008

Electronic Signature of Signing Officer or Director

Date