

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702622

FILED  
Jun 15, 2009  
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 J. GAVIN

PT

06/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date