

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 713588

1. Entity Name
HARBOR HOUSE NORTH, INC.



FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90055 005 ****61.25

Principal Place of Business
101 N BIRCH ROAD
FORT LAUDERDALE, FL 33304

Mailing Address
101 N BIRCH ROAD
FORT LAUDERDALE, FL 33304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-NP

CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAIG, ALBERT III E MR.
101 NORTH BIRCH ROAD
APT 305
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name

NASH, THOMAS

Street Address (P.O. Box Number is Not Acceptable)

101 N. Birch Rd., Apt. #205

City

Fort Lauderdale,

FL

Zip Code

33304

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas V Nash

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when restateing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAIG, ALBERT III E MR.	
STREET ADDRESS	101 N BIRCH RD	
CITY ST ZIP	FT LAUDERDALE, FL 33304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRUZINSKY, JOAN MRS.	
STREET ADDRESS	101 N BIRCH ROAD	
CITY ST ZIP	FORT LAUDERDALE, FL 33304	
TITLE	T	<input type="checkbox"/> Delete
NAME	TORTORA, JOHN MR.	
STREET ADDRESS	101 N BIRCH RD.	
CITY ST ZIP	FT LAUDERDALE, FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	NASH, THOMAS MR.	
STREET ADDRESS	101 N BIRCH ROAD	
CITY ST ZIP	FORT LAUDERDALE, FL 33304	
TITLE	S	<input type="checkbox"/> Delete
NAME	DARDIS, MIDGE MRS.	
STREET ADDRESS	101 N BIRCH RD	
CITY ST ZIP	FORT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nash, Thomas	
STREET ADDRESS	101 N. Birch Rd.	
CITY ST ZIP	Ft. Lauderdale, Fl.	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tortora, John	
STREET ADDRESS	101 N. Birch Rd.	
CITY ST ZIP	Fort Lauderdale, Fl. 33304	
TITLE	S & T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perrotta, John	
STREET ADDRESS	101 N. Birch Rd.	
CITY ST ZIP	Fort Lauderdale, Fl. 33304	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Megna, Vincent	
STREET ADDRESS	101 N. Birch Rd.	
CITY ST ZIP	Fort Lauderdale, Fl. 33304	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallahue, James	
STREET ADDRESS	101 N. Birch Rd.,	
CITY ST ZIP	Ft. Lauderdale, Fl. 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Thomas V Nash