FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 716533 (5)

HARBOR HOUSE WEST, INC.

Principal Place of Business Mailing Address							J HAH BUBH DI	IDIL Dib il dibil	BIBLI BIBLI (BE)
226 GOLDEN GATE POINT 226 GOLDEN GATE POINT SARASOTA FL 34236 SARASOTA FL 34236-8688									
						3. Date Incorporated or Qualified 05/13/1969	3a. Da	ate of Last F 02/27/19	3eport 996
 1	lace of Business	2s. Mailing Address				4. FEI Number 59-1296039			pplied For
Suite, Apt.	# ptc	Suite, Apt #, etc.				39 120000			lot Applicable Additional
22	π, οιο.	27			5. Certificate of Status Desired			Additional lequired	
City & State)	City & State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing		\$5.00	May Be
23		28	T 0.			Trust Fund Contribution		Added	to Fees
Zip 24]	Country Zip		Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curren		1001			10. Name and Address of New Ro			
				81	Name				
SHEETS, JANE				82	Street Ac	Address (P.O. Box Number is Not Acceptable)			
	lden gate point			83					
SUITE 3	3)TA FL 34236			53					
SANASU	JIA PL 34230			84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.050.	2 and 617.1508, Florida Statul	tes, the al	DOVE	-named co	orporation submits this statement for the	o esociuc	f changing	its registered
office or re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617.0503, Fl	authorize orida Stal	a by lutes	the corpo	ration's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE _									
	Signature, typind or printed name of registered age	nt and title if applicable (NOT		d Age	nt signature re	quired when reinstating)	DATE	DIDECTO	DO IN 10
12.	OFFICERS ANI	ND DIRECTORS 13.		TI E		ADDITIONS/CHANGES TO OFFI	JENS ANL	Change	Addition
NAME	MILLER, CHESTER		1.2 N					Change	LJ ADOILION
STREET ADDRESS	226 GOLDEN GATE POINT				ADDRESS				
CITY-ST-ZIP	SARASTO FL 34236			TY-S					
TITLE	TD	☐ DELETE	2.1 Ti		(- ZIT			Change	☐ Addition
NAME	SHEETS, JANE	-	2.2 N	AME					
STREET ADORESS	226 GOLDEN GATE POINT		2.3 \$1		ADDRESS	# P			
CITY-ST-ZIP	SARASOTA FL				ST-ZIP				
TITLE	VD	☐ DELETE	DELETE 3.1 TITLE					Change	Addition
NAME	DYKSTRA, DAVID		3.2 N	AME					
STREET ADDRESS	226 GOLDEN GATE POINT		3.3 ST	TAEET	ADDRESS				
CITY - ST - ZIP	SARASOTA FL		3.4. C	ITY-S	I-ZIP				
TOTLE	SD	☐ DELETE	4.1 TO	TLE				Change	Addition
NAME	Brummer,lydia		4. 2 N	IAME	Ì				
STREET ADDRESS	226 GOLDEN GATE PT.		4.3 \$1	TREET	ADDRESS				
CITY - ST - ZIP	SARASOTA FL		4.4 C	TY-S	T-ZIP				
TITLE		DELETE	5.1 Ti	TLE				Change	Addition
NAME			5.2 N	AME	1				
STREET ADDRESS			5.3 ST	reet	ADDRESS				
CITY - ST - ZIP			5.4 D	TY-S	T-ZIP				
TITLE		☐ DELETE	6.1 Ti	TLE				Change	Addition
NAME			6.2 N	AME					
STOCET ADDOCCO			626	rdeet	ADDIDECC				

SIGNATURE:

14. I do hereby certify that the information supplied with this filling does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true 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 occupied trusted empore of to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or over attachment in the progress.

FILED

Feb 26 1997 8:00am

Secretary of State