2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90409 003 ****61.25

DOCUMENT # 716533

1. Entity Name

HARBOR HOUSE WEST, INC.

24031030

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
226 GOLDEN GATE POINT SARASOTA FL 34236	226 GOLDEN GATE POINT SARASOTA FL 34236

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1296039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOER, CLARE
226 GOLDEN GATE POINT
STE 71
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 Clare P. Loer 3-1-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELLY, FRANK 226 GOLDEN GATE POINT SARASOTA FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sachse, Lothar 226 Golden Gate Point Sarasota FL 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUMMER,LYDIA 226 GOLDEN GATE PT. SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dull, Michael 226 GoldenGate Point Sarasota FL 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOER, CLARE 226 GOLDEN GATE POINT SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHORIN, MARYANNE 226 GOLDEN GATE POINT SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LUTHER, ANDEE 226 GOLDEN GATE POINT SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YAMANI, HELENE 226 GOLDEN GATE POINT SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Maryanne Shorin MARYANNE SHORIN 3/1/04 941-951-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #