

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716533

FILED
Jan 19, 2005
Secretary of State

Entity Name: HARBOR HOUSE WEST, INC.

Current Principal Place of Business:

226 GOLDEN GATE POINT
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

226 GOLDEN GATE POINT
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1296039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: D () Delete
Name: SACHSE, LOTHAR
Address: 226 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: BRUMMER, LYDIA,
Address: 226 GOLDEN GATE PT.
City-St-Zip: SARASOTA, FL

Title: PD () Delete
Name: LOER, CLARE
Address: 226 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

Title: TD () Delete
Name: SHORIN, MARYANNE
Address: 226 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

Title: SD () Delete
Name: LUTHER, ANDEE
Address: 226 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: YAMANI, HELENE
Address: 226 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: MARONE, ROBERT
Address: 570 57TH AVE WEST, #107
City-St-Zip: BRADENTON, FL 34207

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 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 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: ROBERT MARONE

AS

01/19/2005

Electronic Signature of Signing Officer or Director

Date