

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006066

FILED
Mar 11, 2009
Secretary of State

Entity Name: HARBOR REAL ESTATE OF GEORGIA, INC.

Current Principal Place of Business:

3190 NORTHEAST EXPRESSWAY, SUITE 400
ATLANTA, GA 30341

New Principal Place of Business:

3190 NORTHEAST EXPRESSWAY
SUITE 400
ATLANTA, GA 30341

Current Mailing Address:

3190 NORTHEAST EXPRESSWAY, SUITE 400
ATLANTA, GA 30341

New Mailing Address:

3190 NORTHEAST EXPRESSWAY
SUITE 400
ATLANTA, GA 30341

FEI Number: 58-1756747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEEFE, FLEMING
Address: 3190 NORTHEAST EXPRESSWAY, SUITE 400
City-St-Zip: ATLANTA, GA 30341

Title: V () Delete
Name: TRAVIS, ALAN
Address: 3190 NORTHEAST EXPRESSWAY, SUITE 400
City-St-Zip: ATLANTA, GA 30341

Title: SD () Delete
Name: BERKMAN, DAVID
Address: 3190 NORTHEAST EXPRESSWAY, SUITE 400
City-St-Zip: ATLANTA, GA 30341

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BERKMAN

SD

03/11/2009

Electronic Signature of Signing Officer or Director

Date