

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008636	
1. Entity Name HELPING HANDS OF HARBOUR TOWNE, INC.	
Principal Place of Business 801 NE 3RD ST DANIA BEACH, FL 33004	Mailing Address 801 NE 3RD ST DANIA BEACH, FL 33004



DO NOT WRITE IN THIS SPACE

04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0556405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MIAMI CENTER REGISTERED AGENTS, LLC
MIAMI CENTER 17TH FLOOR
201 S BISCAYNE BLVD
MIAMI, FL 33131**

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P6D GROENWOLD, GARY 801 NE 3RD ST DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VAN LENTEN, MICHELLE 801 NE 3RD ST DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, JOHN P 801 NE 3RD ST DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST COEUR, BRAD 801 NE 3RD ST DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASSEN, JON ESQ 201 S BISCAYNE BLVD, #1700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000305216
04/14/05-80074-007 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Vice President

11 April 2005

954 926-0300

Daytime Phone #

Ext *4*