

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

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



04112005 No Chg-NP CR2E037 (10/03)

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

DO NOT WRITE IN THIS SPACE

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 PSD
NAME GROENWOLD, GARY
STREET ADDRESS 801 NE 3RD ST
CITY-ST-ZIP DANIA BEACH, FL 33004

0000000305216
04/14/05-80074-007 70.00

TITLE VTD
NAME VAN LENTEN, MICHELLE
STREET ADDRESS 801 NE 3RD ST
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE D
NAME LOUIS, JOHN P
STREET ADDRESS 801 NE 3RD ST
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE D
NAME ST COEUR, BRAD
STREET ADDRESS 801 NE 3RD ST
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE D
NAME CHASSEN, JON ESQ
STREET ADDRESS 201 S BISCAYNE BLVD, #1700
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(l), 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 SIGNING OFFICER OR DIRECTOR

11 April 2005 954 926-0380
Daytime Phone #
Ext 4