

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90262 043 ****61.25

DOCUMENT # N03000009819

1. Entity Name
HARBOR HALL, INC.



20045907



Principal Place of Business
1190 GEORGIA AVE
PALM HARBOR, FL 34683

Mailing Address
1190 GEORGIA AVE
PALM HARBOR, FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3683895

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIEST, SHEILA J
1000 OMAHA STREET
PALM HARBOR, FL 34683

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME HURT, DON T
STREET ADDRESS 1254 NEBRASKA AVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D ☒ Change ☐ Addition
NAME Warmouth, Rachelle
STREET ADDRESS 68 Eagle Lane
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE P ☐ Delete
NAME WARMOUTH, RACHELLE
STREET ADDRESS 6 EAGLE DR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE P ☒ Change ☐ Addition
NAME Klein, Lesley
STREET ADDRESS 1219 Florida Ave.
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE S ☒ Delete
NAME MATTHEWS, ALDEN
STREET ADDRESS 1334 MICHIGAN AVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE S ☐ Change ☒ Addition
NAME Fields, Connie
STREET ADDRESS 1021 15th Street
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE T ☐ Delete
NAME PRIEST, SHEILA J
STREET ADDRESS 1000 OMAHA STREET
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE Y ☐ Change ☒ Addition
NAME Avramidis, Jess
STREET ADDRESS 1019 Florida Ave.
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE V ☐ Delete
NAME KLEIN, LESLEY
STREET ADDRESS 1219 FLORIDA AVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sheila J. Priest, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

727-787-3595

Date

Daytime Phone #

Sheila J. Priest