

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murpham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056671 (8)

1. Corporation Name

HARBOR LIGHTS RETIREMENT RESIDENCE, INC.

Principal Place of Business

**3208 N.E. 9TH STREET
POMPANO BEACH FL 33062**

Mailing Address

**3208 N.E. 9TH STREET
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

65-0510005

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

23. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24. Zip

Country

28. Zip

Country

7. This corporation has liability for intangible tax under C. 195.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOKARZ, JANINA
3208 N.E. 9TH STREET
POMPANO BEACH FL 33062**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	TOKARZ, JANINA
STREET ADDRESS	3208 N.E. 9TH STREET
CITY, ST, ZIP	POMPANO BEACH FL 33062
TITLE	VICE President
NAME	TOKARZ, BOLES LAW
STREET ADDRESS	3208 NE 9th ST
CITY, ST, ZIP	Pompano Beach, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	P	☒ Change ☐ Addition
2. NAME	TOKARZ, Janina	
3. STREET ADDRESS		
4. CITY, ST, ZIP		
21. TITLE	V	☐ Change ☒ Addition
22. NAME	TOKARZ, BOLES LAW	
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE	T	☐ Change ☒ Addition
32. NAME	TOKARZ, Beth	
33. STREET ADDRESS	3208 NE 9th ST	
34. CITY, ST, ZIP	Pompano Beach, FL 33062	
41. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (1)(b)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janina Tokarz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Typed Name)