

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 716533

**Entity Name:** HARBOR HOUSE WEST, INC.

**Current Principal Place of Business:**

226 GOLDEN GATE POINT  
SARASOTA, FL 34236

**Current Mailing Address:**

226 GOLDEN GATE POINT  
SARASOTA, FL 34236 US

**FEI Number:** 59-1296039

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
6230 UNIVERSITY PARKWAY - STE. 204  
SARASOTA, FL 34240 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PARR, PAUL  
Address        226 GOLDEN GATE POINT  
City-State-Zip: SARASOTA FL 34236

Title            TREASURER  
Name            HENRY, JANICE  
Address        226 GOLDEN GATE POINT  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            LOER, .CLARE  
Address        226 GOLDEN GATE POINT  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            HARVEY, BRIAN  
Address        226 GOLDEN GATE POINT  
City-State-Zip: SARASOTA FL 34236

Title            ASST. SECRETARY  
Name            MANNING, MICHAEL  
Address        1877 NORTHGATE BLVD #4  
City-State-Zip: SARASOTA FL 34234

Title            DIRECTOR  
Name            WILLOW, ROBIN  
Address        226 GOLDEN GATE POINT  
City-State-Zip: SARASOTA FL 34236

Title            SECRETARY  
Name            GOLUB, JOAN  
Address        226 GOLDEN GATE POINT  
City-State-Zip: SARASOTA FL 34236

Title            VP  
Name            LINDE, ARMANDO  
Address        226 GOLDEN GATE POINT  
City-State-Zip: SARASOTA FL 34236

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL MANNING

**ASSISTANT SECRETARY    07/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date