## SIGNATURE: MICHAEL MANNING

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# 716533

Entity Name: HARBOR HOUSE WEST, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

226 GOLDEN GATE POINT SARASOTA, FL 34236

#### **Current Mailing Address:**

**1990 MAIN STREET SUITE 750** SARASOTA, FL 34236 US

#### FEI Number: 59-1296039

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

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

Apr 24, 2019 Secretary of State 3493878443CC

Certificate of Status Desired: No

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

### Officer/Director Detail -

| Officer/Director Detail : |                 |                               |                 |                               |
|---------------------------|-----------------|-------------------------------|-----------------|-------------------------------|
|                           | Title           | PRESIDENT                     | Title           | TREASURER                     |
|                           | Name            | PARR, PAUL                    | Name            | HENRY, JANICE                 |
|                           | Address         | 1990 MAIN STREET<br>SUITE 750 | Address         | 1990 MAIN STREET<br>SUITE 750 |
|                           | City-State-Zip: | SARASOTA FL 34236             | City-State-Zip: | SARASOTA FL 34236             |
|                           | Title           | DIRECTOR                      | Title           | DIRECTOR                      |
|                           | Name            | LOER, .CLARE                  | Name            | HARVEY, BRIAN                 |
|                           | Address         | 1990 MAIN STREET<br>SUITE 750 | Address         | 1990 MAIN STREET<br>SUITE 750 |
|                           | City-State-Zip: | SARASOTA FL 34236             | City-State-Zip: | SARASOTA FL 34236             |
|                           | Title           | ASST. SECRETARY               | Title           | DIRECTOR                      |
|                           | Name            | MANNING, MICHAEL              | Name            | WILLOW, ROBIN                 |
|                           | Address         | 1877 NORTHGATE BLVD #4        | Address         | 1990 MAIN STREET<br>SUITE 750 |
|                           | City-State-Zip: | SARASOTA FL 34234             | City-State-Zip: | SARASOTA FL 34236             |
|                           | Title           | SECRETARY                     | Title           | VP                            |
|                           | Name            | GOLUB, JOAN                   | Name            | LINDE, ARMANDO                |
|                           |                 | 1990 MAIN STREET<br>SUITE 750 | Address         | 1990 MAIN STREET<br>SUITE 750 |
|                           | City-State-Zip: | SARASOTA FL 34236             | 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.

> ASSISTANT SECRETARY 04/24/2019

> > Date

# FILED

Date