

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000001464

**FILED
Jun 30, 2019
Secretary of State
7303391627CC**

Entity Name: HARBOR RETIREMENT ASSOCIATES, LLC

Current Principal Place of Business:

958 20TH PLACE
2ND FLOOR
VERO BEACH, FL 32960

Current Mailing Address:

958 20TH PLACE
2ND FLOOR
VERO BEACH, FL 32960 US

FEI Number: 04-3585453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title CHAIRMAN/MANAGING PARTNER
(DIRECTOR)
Name SMICK, TIMOTHY S
Address 958 20TH PLACE
2ND FLOOR
City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT/CEO
Name HANSON, SARABETH
Address 958 20TH PLACE
2ND FLOOR
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY/VICE PRESIDENT/CDO
Name JENNINGS, CHARLES
Address 958 20TH PLACE
2ND FLOOR
City-State-Zip: VERO BEACH FL 32960

Title ASSISTANT
SECRETARY/TREASURER/CFO
Name COLLINS, CHRIS
Address 958 20TH PLACE
2ND FLOOR
City-State-Zip: VERO BEACH FL 32960

Title EVP/GENERAL COUNSEL/ASSIST.
SECRETARY
Name SCIMECA, MARK
Address 958 20TH PLACE
2ND FLOOR
City-State-Zip: VERO BEACH FL 32960

Title COO
Name LEWIS, KIM
Address 958 20TH PLACE
2ND FLOOR
City-State-Zip: VERO BEACH FL 32960

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES JENNINGS

**SECRETARY/VICE
PRESIDENT/CDO**

06/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date