

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000042799

**Entity Name:** HARBOR AUBURN HILLS MANAGEMENT, LLC

**Current Principal Place of Business:**

1440 HIGHWAY A1A  
VERO BEACH, FL 32963

**Current Mailing Address:**

1440 HIGHWAY A1A  
VERO BEACH, FL 32963

**FEI Number:** 20-0372295

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
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            PRESIDENT  
Name            SMICK, TIMOTHY S  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

Title            VICE PRESIDENT  
Name            HANSON, SARABETH  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

Title            SECRETARY, VICE PRESIDENT  
Name            JENNINGS, CHARLES  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

Title            TREASURER  
Name            MITCHELL, THOMAS  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

Title            ASSISTANT SECRETARY  
Name            DORSEY, DONNA  
Address        1440 HIGHWAY A1A  
City-State-Zip: VERO BEACH FL 32963

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

**SIGNATURE:** THOMAS MITCHELL

**TREASURER**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date