

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000079594

Entity Name: HARBOR VILLAGES 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:** 61-1687869**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
Address	1440 HIGHWAY A1A
City-State-Zip:	VERO BEACH FL 32963

Title	VP
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

Title	MEMBER
Name	HARBOR ASSISTED LIVING, LLC
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

03/27/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date