### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000079594

Entity Name: HARBOR VILLAGES MANAGEMENT, 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: 61-1687869

#### 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

### Authorized Person(s) Detail :

Authorized Terson(s) Detail .				
	Title	CHAIRMAN/MANAGING PARTNER	Title	PRESIDENT/CEO
	Name	SMICK, TIMOTHY	Name	HANSON, SARABETH
	Address	958 20TH PLACE 2ND FLOOR	Address	958 20TH PLACE 2ND FLOOR
	City-State-Zip:	VERO BEACH FL 32960	City-State-Zip:	VERO BEACH FL 32960
	Title	VICE PRESIDENT/SECRETARY/CHIEF DEVELOPMENT OFFICER	Title	CFO/TREASURER/ASSISTANT SECRETARY
	Name	JENNINGS, CHARLES	Name	COLLINS, CHRIS
	Address	958 20TH PLACE 2ND FLOOR	Address	958 20TH PLACE 2ND FLOOR
	City-State-Zip:	VERO BEACH FL 32960	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: TIMOTHY S. SMICK

CHAIRMAN/MANAGING 04/14/2023 PARTNER

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No

Date