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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L70319**

1. Corporation Name
HARBORSIDE PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3455-A SOUTH ACCESS ROAD ENGLEWOOD FL 34224 US	3455-A SOUTH ACCESS RD ENGLEWOOD FL 34224 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/20/1990

4. FEI Number: 65-0186183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3285-A Placida Rd	26 3285-A Placida Rd
Suite, Apt. #, etc. 22 Pelican Plaza	Suite, Apt. #, etc. 27 Pelican Plaza
City & State 23 Englewood, FL	City & State 28 Englewood, FL
Zip / Country 24 34224 / 25 Charlotte	Zip / Country 29 34224 / 30 Charlotte

9. Name and Address of Current Registered Agent

GUHT, WILLIAM O
3455-A SOUTH ACCESS RD
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3285-A Placida Rd

83 Pelican Plaza

84 City: Englewood **FL** 85 Zip Code: 34224

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William O. Guht — William O. Guht — (NOTE: Registered Agent signature required when reinstating) — DATE: 4/19/99
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GUHT, RITA C.	1.2 NAME	
STREET ADDRESS	3455-A SOUTH ACCESS RD	1.3 STREET ADDRESS	3285-A Placida Rd
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood, FL 34224
TITLE	PVD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	GUHT, WILLIAM O.	2.2 NAME	
STREET ADDRESS	3455-A SOUTH ACCESS RD	2.3 STREET ADDRESS	3285-A Placida Rd
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	Englewood, FL 34224
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William O. Guht — 4/19/99 — 941-697-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)