

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2006  
Secretary of State**

DOCUMENT# N02000006713

Entity Name: HARBOR SIDE MARINE ASSOCIATION, INC.

**Current Principal Place of Business:**

4 OLD OAK DRIVE SOUTH  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

4 OLD OAK DRIVE SOUTH  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 20-3418716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROEHR, PETER  
4 OLD OAK DRIVE SOUTH  
PALM COAST, FL 32137      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ROEHR, PETER  
Address: 4 OLD OAK DRIVE SOUTH  
City-St-Zip: PALM COAST, FL 32137

Title: VP      ( ) Delete  
Name: KLAUS, ALFREDO  
Address: 101 PALM HARBOR PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: T      ( ) Delete  
Name: FERRENA, MARCELLA  
Address: 101 PALM HARBOR PARKWAY  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ROEHR

PD

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date