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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31551** **(7)**

1. Corporation Name

CORAL POINTE AT HARBOURSIDE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622	3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622

3. Date Incorporated or Qualified: 04/06/1989

4. FEI Number: 59-2953582 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Condominium Associates	28 Condominium Associates
22 Suite, Apt. #, etc. 3001 EXECUTIVE DR. #260	27 Suite, Apt. #, etc. 3001 EXECUTIVE DR. #260
23 City & State CLEARWATER, FL.	26 City & State CLEARWATER, FL.
24 Zip 33762 25 Country US	29 Zip 33762 30 Country US

9. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
SUITE 260
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: Condominium Associates
82 Street Address (P.O. Box Number is Not Acceptable): 3001 EXECUTIVE DR.
83: SUITE 260
84 City: CLEARWATER **FL** 85 Zip Code: 33762

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Condominium Associates By Craig D. Caldwell VICE PRES. 4-15-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, DAVID		1.2 NAME		
STREET ADDRESS	8021 SAILBOAT KEY BLVD, D-104		1.3 STREET ADDRESS		
CITY-ST-ZIP	SO. PASADENA FL 33707		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERZBERG, NORBERT		2.2 NAME		
STREET ADDRESS	8020 SAILBOAT KEY BLVD, #C-401		2.3 STREET ADDRESS		
CITY-ST-ZIP	SO. PASADENA FL 33707		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GERDNIC ELIZABETH		3.2 NAME		
STREET ADDRESS	8000 SAILBOAT KEY BLVD, #A306		3.3 STREET ADDRESS		
CITY-ST-ZIP	SO. PASADENA FL 33707		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YATES ISAAC		4.2 NAME		
STREET ADDRESS	8000 SAILBOAT KEY BLVD.,#C301		4.3 STREET ADDRESS		
CITY-ST-ZIP	SO. PASADENA FL 33707		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	TERESTENYI, DANIEL		5.2 NAME	JAMES SOLTIS	
STREET ADDRESS	8001 SAILBOAT KEY BLVD, #B-101		5.3 STREET ADDRESS	8001 SAILBOAT Key BLVD #B-303	
CITY-ST-ZIP	SO. PASADENA FL 33707		5.4 CITY-ST-ZIP	SO. PASADENA FL 33707	
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		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David G. Sullivan