


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90037 036 ****61.25

DOCUMENT # N95000004620						
1. Entity Name HARBORSIDE AT HARBOR ISLANDS ASSOCIATION, INC.						
Principal Place of Business 960 HARBOR ISLAND DR HOLLYWOOD, FL 33019			Mailing Address 960 HARBOR ISLAND DR HOLLYWOOD, FL 33019			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0648101		
				Applied For <input type="checkbox"/> Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BECKER & POLIAKOFF PA 3111 STIRLING RD ATTN: ROBERT RUBINSTEIN ESQ FORT LAUDERDALE, FL 33312			Name Randall K. Roger, Esq			
			Street Address (P.O. Box Number is Not Acceptable) 61 N.W. 53 St, Suite 300			
			City Boca Raton		State FL	Zip Code 33487
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BROWN, CAROL	NAME				
STREET ADDRESS	960 HARBOR ISLAND DR	STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP				
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DELL, STEVEN	NAME				
STREET ADDRESS	960 HARBOR ISLAND DR	STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP				
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DELL, STEVEN	NAME				
STREET ADDRESS	960 HARBOR ISLAND DR	STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP				
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KANE, DANIEL	NAME				
STREET ADDRESS	960 HARBOR ISLANDS DR	STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.						
SIGNATURE: <u>Carol A. Brown</u> Date _____ Daytime Phone # _____						