


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90046 045 ****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 980 Harbor Islands Dr Suite, Apt. #, etc.		3. Mailing Address 980 Harbor Islands Dr Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33019		Zip 33019	
Country		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 RANDALL, K ROGER ESQ 61 N W 53 ST STE 300 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	NAME BROWN, CAROL	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Carol Brown
STREET ADDRESS 960 HARBOR ISLAND DR	CITY-ST-ZIP HOLLYWOOD, FL 33019	STREET ADDRESS 980 Harbor Islands Dr	CITY-ST-ZIP Hollywood FL 33019
TITLE VP <input type="checkbox"/> Delete	NAME DELL, STEVEN	TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Steven Dell
STREET ADDRESS 960 HARBOR ISLAND DR	CITY-ST-ZIP HOLLYWOOD, FL 33019	STREET ADDRESS 980 Harbor Islands Dr	CITY-ST-ZIP Hollywood, FL 33019
TITLE ST <input checked="" type="checkbox"/> Delete	NAME KANE, DANIEL	TITLE Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Marvin Bart
STREET ADDRESS 960 HARBOR ISLANDS DR	CITY-ST-ZIP HOLLYWOOD, FL 33019	STREET ADDRESS 980 Harbor Islands Dr.	CITY-ST-ZIP Hollywood, FL 33019
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: <i>Carol A. Brown</i>		Date: 11/05 954-454-1662	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	