

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31551

Entity Name: CORAL POINTE AT HARBOURSIDE OWNERS' ASSOCIATION, INC.

FILED
Apr 03, 2018
Secretary of State
CC7669227129

Current Principal Place of Business:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
ST PETERSBURG, FL 33716

Current Mailing Address:

FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N SUITE 100
ST PETERSBURG, FL 33716 US

FEI Number: 59-2953582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AARON SILBERMAN LAW, P.A.
1105 W SWANN AVE
TAMPA, FL 33606 US

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: AARON SILBERMAN

04/03/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MENOTTI HALIS, MARIA
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
City-State-Zip: ST PETERSBURG FL 33716

Title PRESIDENT
Name O'KEEFE, SHARON
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
City-State-Zip: ST PETERSBURG FL 33716

Title DIRECTOR
Name LINDSAY, FRASER
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
City-State-Zip: ST PETERSBURG FL 33716

Title SECRETARY
Name JAKUBOWSKI, KENNETH
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
City-State-Zip: ST PETERSBURG FL 33716

Title TREASURER
Name BLASKIEWICZ, WILLIAMS
Address FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR. N SUITE 100
City-State-Zip: ST PETERSBURG FL 33716

I hereby 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 all other like empowered.

SIGNATURE: SHARON O'KEEFE

PRESIDENT

04/03/2018

Electronic Signature of Signing Officer/Director Detail

Date