•			CC4281	390272
Current Mai	ling Address:			
	R ISLANDS DR DD, FL 33019			
FEI Number: 65-0648101			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
	OWN, LEWIS, FRANKEL & CHAIET, P.A. OOD BOULEVARD			
HOLLYWOOD,	FL 33021 US			
T he shows means			terred energy on both in the Otate of Fla	
	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fio	
SIGNATURE	E: JED L. FRANKEL, ESQUIRE			
	Electronic Signature of Registered Agent			02/17/2015 Date
	Electronic Signature of Registered Agent			02/17/2015 Date
Officer/Dire	ctor Detail :			
Officer/Dire Title	ctor Detail : PD	Title	VPD	
	ctor Detail :	Title Name	VPD KANE, DANIEL DR.	
Title	ctor Detail : PD			
Title Name	Ctor Detail : PD BROWN, CAROL 980 HARBOR ISLANDS DR	Name Address	KANE, DANIEL DR.	
Title Name Address	Ctor Detail : PD BROWN, CAROL 980 HARBOR ISLANDS DR	Name Address	KANE, DANIEL DR. 980 HARBOR ISLANDS DR	
Title Name Address City-State-Zip:	Ctor Detail : PD BROWN, CAROL 980 HARBOR ISLANDS DR HOLLYWOOD FL 33019	Name Address	KANE, DANIEL DR. 980 HARBOR ISLANDS DR	
Title Name Address City-State-Zip: Title	ctor Detail : PD BROWN, CAROL 980 HARBOR ISLANDS DR HOLLYWOOD FL 33019 STD	Name Address	KANE, DANIEL DR. 980 HARBOR ISLANDS DR	
Title Name Address City-State-Zip: Title Name	ctor Detail : PD BROWN, CAROL 980 HARBOR ISLANDS DR HOLLYWOOD FL 33019 STD ZUTTY, JANE 980 HARBOR ISLANDS DRIVE	Name Address	KANE, DANIEL DR. 980 HARBOR ISLANDS DR	

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: HARBORSIDE AT HARBOR ISLANDS ASSOCIATION, INC.

DOCUMENT# N95000004620

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: CAROL BROWN

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/17/2015

FILED Feb 17, 2015

Secretary of State

Date