FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 734683 (6)

1. Corporation Name

HARBOURSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE HARBOURSIDE DRIVE DELRAY BEACH FL 33483	ONE HARBOURSIDE DRIVE DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 12/23/1975
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1649130 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

FELDMAN, JOEL H, ESQ
2424 N FED HWY #460
BOCA RATON FL 33431

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	KERN, MARY H		12 NAME	Felix, Conte (Last Name)	
STREET ADDRESS	1 HARBOURSIDE DR		13 STREET ADDRESS	1 Harbourside Dr	
CITY-ST-ZIP	DELRAY BEACH, FL 00000		14 CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	TD	☒ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	COOK, JAMES C.		22 NAME	Cook James C,	
STREET ADDRESS	1 HARBOURSIDE DR		23 STREET ADDRESS	1 Harbourside Dr.	
CITY-ST-ZIP	DELRAY BEACH, FL 00000		24 CITY-ST-ZIP	Delray Bch FL 33483	
TITLE	SD	☐ DELETE	31 TITLE	TD	☐ Change ☒ Addition
NAME	LUEDER, EILLEEN		32 NAME	McCrief, Irene	
STREET ADDRESS	1 HARBOURSIDE DR		33 STREET ADDRESS	1 Harbourside Dr	
CITY-ST-ZIP	DELRAY BEACH FL		34 CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	D	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	GERBLICK, PAUL		42 NAME		
STREET ADDRESS	1 HARBOURSIDE DR		43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 00000		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	RESANKA, PAT		52 NAME		
STREET ADDRESS	1 HARBOURSIDE DR		53 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Felix A Conte 1-25-96 407 278 7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Felix Conte President