

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734683** (6)
1. Corporation Name

HARBOURSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ONE HARBOURSIDE DRIVE DELRAY BEACH FL 33483		Mailing Address ONE HARBOURSIDE DRIVE DELRAY BEACH FL 33483		3. Date Incorporated or Qualified 12/23/1975	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1649130	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 617.1509, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	GERBLICK, PAUL	1.2 NAME	
STREET ADDRESS	1 HARBOURSIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	33483
TITLE	TD ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	MILLS, WILLIAM	2.2 NAME	
STREET ADDRESS	1 HARBOURSIDE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	33483
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	LUEDER, EILEEN	3.2 NAME	
STREET ADDRESS	1 HARBOURSIDE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	33483
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	RESANKA, PAT	4.2 NAME	
STREET ADDRESS	1 HARBOURSIDE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	33483
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

SIGNATURE REQUIRED *Sh. B. Mills 1-7-98 278-7088*

CR2E037 (10/97)