# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 12, 2004 8:00 am**
**Secretary of State**
07-12-2004 90033 008 ****61.25

DOCUMENT # 734683

1. Entity Name
HARBOURSIDE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ONE HARBOURSIDE DRIVE<br>DELRAY BEACH, FL 33483 | ONE HARBOURSIDE DRIVE<br>DELRAY BEACH, FL 33483 |

07082004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1649130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

BECKER & POLIAKOFF
500 AUSTRALIAN AVE SOUTH
9TH FLOOR
WEST PALM BEACH, FL 33401

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

**Filing Fee is $61.25**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NORMAN, RONALD<br>1 HARBOURSIDE DR<br>DELRAY BEACH, FL 33483 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Norman, Ronald<br>1 Harbourside Dr.<br>Delray Beach, Fl 33483 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MELLILO, JOHN<br>1 HARBOURSIDE DT<br>DELRAY BEACH, FL 33483 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Mellilo, John<br>1 Harbourside Dr.<br>Delray Beach, Fl 33483 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARGYLE, JOHN<br>1 HARBOURSIDE DR<br>DELRAY BEACH, FL 33483 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MOORE, DEBORAH<br>1 HARBOURSIDE DR<br>DELRAY BEACH, FL 33483 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Gugel, Yvonne<br>1 Harbourside Dr<br>Delray Beach, Fl 33483 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>NICHOLS, ANNE<br>1 HARBOURSIDE DR<br>DELRAY BEACH, FL 33483 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE President<br>Meoli, Luco<br>1 Harbourside Dr.<br>Delray Beach, Fl 33483 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Streeto, Lynwood<br>1 Harbourside Dr.<br>Delray Beach, Fl 33483 | ☐ Change ☒ Addition |

12. 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 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:** Lynwood Streeto Pres. 7/8/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #