2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90096 024 ****61.25

DOCUMENT # 734683

1. Entity 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

1st MOORE CR2E037 (10/04)

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	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF 500 AUSTRALIAN AVE SOUTH 9TH FLOOR WEST PALM BEACH FL 33401	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	D NORMAN, RONALD 1 HARBOURSIDE DR DELRAY BEACH FL 33483	☑ Delete	D DAMEN-CECILIA ONE HARBOURSIDE DR DELRAY BEACH, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELLILO, JOHN 1 HARBOURSIDE DT DELRAY BEACH FL 33483	☐ Delete	VP MELLILO, JOHN 1 HARBOURSIDE DR DELRAY BEACH, FL 33483	☑ Change TITLE ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARGYLE, JOHN 1 HARBOURSIDE DR DELRAY BEACH FL 33483	☑ Delete	S SCHARF, STANLEY 1 HARBOURSIDE DR DELRAY BEACH, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUGEL, YVONNE 1 HARBOURSIDE DR DELRAY BEACH FL 33483	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NICHOLS, ANNE 1 HARBOURSIDE DR DELRAY BEACH FL 33483	☐ Delete	D NICHOLS, ANNE 1 HARBOURSIDE DR DELRAY BEACH, FL 33483	☑ Change TITLE ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STREETO ~~STREETO~~, LYNWOOD 1 HARBOURSIDE DR DELRAY BEACH FL 33483	☐ Delete	P STREETO, LYNWOOD 1 HARBOURSIDE DR DELRAYBEACH, FL 33483	☑ Change SPELLING ☐ 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: Yvonne S. Gugel, YVONNE S. GUGEL 1-24-05 561-278-9032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #