


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

JAN

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90017 014 \*\*\*\*61.25

**DOCUMENT # 734683**  
1. Entity Name  
**HARBOURSIDE CONDOMINIUM ASSOCIATION, INC.**



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
1st MOORE CR2E037 (10/07)

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 **DAK S. CAMPBELL, III, ESQ.**  
Street **70 S.E. 4TH AVENUE**  
City **DELRAY BEACH** FL Zip Code **33483**

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 *Dak Campbell* **March 14, 08**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.) DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FRISCHMAN, ARTHUR	
STREET ADDRESS	1 HARBOURSIDE DR #3301	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STOKES, PAUL	
STREET ADDRESS	1 HARBOURSIDE DR #2511	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAGER, GLORIA	
STREET ADDRESS	1 HARBOURSIDE DR #2712	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GUGEL, YVONNE	
STREET ADDRESS	1 HARBOURSIDE DR	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBATE, WILLIAM	
STREET ADDRESS	1 HARBOURSIDE DR #2412	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STREETO, LYNWOOD	
STREET ADDRESS	1 HARBOURSIDE DR	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL POOLONE	
STREET ADDRESS	1 HARBOURSIDE DRIVE #4407	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MELLILLO	
STREET ADDRESS	1 HARBOURSIDE DRIVE #4202	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY DIORIO	
STREET ADDRESS	1 HARBOURSIDE DR #1302	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 information.

SIGNATURE: *William Streeto* 3-17-08 561 278-7088