

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734683

FILED
Mar 26, 2009
Secretary of State

Entity Name: HARBOURSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ONE HARBOURSIDE DRIVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

ONE HARBOURSIDE DRIVE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-1649130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL III, DOAK S ESQ
70 SE 4TH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRISCHMAN, ARTHUR
Address: 1 HARBOURSIDE DR #3301
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD () Delete
Name: STOKES, PAUL
Address: 1 HARBOURSIDE DR #2511
City-St-Zip: DELRAY BEACH, FL 33483

Title: STD () Delete
Name: SAGER, GLORIA
Address: 1 HARBOURSIDE DR #2712
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: MELILLO, JOHN
Address: 1 HARBOURSIDE DRIVE #4202
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete
Name: ABBATE, WILLIAM
Address: 1 HARBOURSIDE DR #2412
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Delete
Name: DIORIO, TONY
Address: 1 HARBOURSIDE DR #1302
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIORIO, ANTHONY
Address: 1 HARBOURSIDE DR #1302
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SAGER, GLORIA
Address: 1 HARBOURSIDE DR #2712
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD (X) Change () Addition
Name: BOYCE, DEAN
Address: 1 HARBOURSIDE DRIVE #1606
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA SAGER

S

03/26/2009

Electronic Signature of Signing Officer or Director

Date