FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746708 (7)

1. Corporation Name

HARBORSIDE CONDO-MOTEL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1850 FT. HARRISON AVENUE. NORTH CLEARWATER FL 34668	1850 FT. HARRISON AVENUE. NORTH CLEARWATER FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1979
3a. Date of Last Report: 09/30/1994
4. FEI Number: 59-1912550 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BHADELIA, FAROOQ
2708 N. 50TH STREET
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name: Qualified Property Management of Pasco, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 10730 U.S. 19, Suite 17
83
84 City: Port Richey FL 85 Zip Code: 34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Russell Peate [signature] 2/23/95
(Signature and 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	1.1 TITLE		☐ Change ☐ Addition
NAME	BHADELIA, FAROOQ	1.2 NAME		
STREET ADDRESS	2708 N. 50TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	NEWCOMER, JOHN R JR.	2.2 NAME	Liston, Dean	
STREET ADDRESS	4830 WEST KENNEDY BLVD., SUITE 147	2.3 STREET ADDRESS	17815 Parker Road	
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	Lockport, IL 60441	
TITLE	D	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MARSHALL, SAM	3.2 NAME	Malloy, John	
STREET ADDRESS	10730 U.S. HIGHWAY 19, SUITE 17	3.3 STREET ADDRESS	6957 Kingston Court	
CITY-ST-ZIP	PORT RICHEY FL 34668	3.4 CITY-ST-ZIP	Tinley Park, IL	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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] Farooq Bhadelia 2/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066080