

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90013 003 \*\*\*\*61.25

DOCUMENT # 753107

1. Entity Name

HARBORSIDE AT HILLSBORO BEACH CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

1170 HILLSBORO MILE  
HILLSBORO BEACH FL 33062  
US

Mailing Address

1170 HILLSBORO MILE  
HILLSBORO BEACH FL 33062  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

BRUNARD

Zip

Country

BRUNARD

6. Name and Address of Current Registered Agent

SMITH, KRIS  
1170 HILLSBORO MILE  
HILLSBORO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

JACK HARRIS

Street Address (P.O. Box Number is Not Acceptable)

1170 Hillsboro Mile

City

Hillsboro Bch

FL

Zip Code

33062

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

3/19/07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KRIS	
STREET ADDRESS	1170 HILLSBORO MILE #203	
CITY - ST - ZIP	HILLSBORO BEACH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, LINDA	
STREET ADDRESS	1170 HILLSBORO MILE #106	
CITY - ST - ZIP	HILLSBORO Bch FL 33062	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	NEEL, BARBARA	
STREET ADDRESS	1170 HILLSBORO MILE #301	
CITY - ST - ZIP	HILLSBORO BEACH FL 33062	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACK HARRIS	
STREET ADDRESS	1170 Hillsboro Mile #306	
CITY - ST - ZIP	Hillsboro Bch FL 33062	
TITLE	MARILYN MARVILL	<input type="checkbox"/> Delete
NAME	1170 Hillsboro Mile #206	
STREET ADDRESS	Hillsboro Bch FL 33062	
CITY - ST - ZIP		
TITLE	Bill McKay	<input type="checkbox"/> Delete
NAME	1170 Hillsboro Mile #104	
STREET ADDRESS	Hillsboro Bch FL 33062	
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

954-494-5238

Daytime Phone #