

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90029 021 \*\*\*\*61.25

<b>DOCUMENT # 753107</b>						
<b>1. Entity Name</b> HARBORSIDE AT HILLSBORO BEACH CONDOMINIUM ASSOCIATION, INC.						
<b>Principal Place of Business</b> 1170 HILLSBORO MILE HILLSBORO BEACH, FL 33062 US			<b>Mailing Address</b> 1170 HILLSBORO MILE HILLSBORO BEACH, FL 33062 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2338785		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  HARRIS, VICK 1170 HILLSBORO MILE HILLSBORO BEACH, FL 33062			<b>7. Name and Address of New Registered Agent</b> Name <u>VINCENT DE LALLA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1170 HILLSBORO MILE #101</u> City <u>HILLSBORO BEACH</u> <u>FL</u> Zip Code <u>33062</u>			
<b>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.</b>						
SIGNATURE <u>VINCENT DE LALLA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>7/10/08</u>		
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> HARRIS, VICK		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> RICHARD PEREZ	
<b>STREET ADDRESS</b> 1170 HILLSBORO MILE #306	HILLSBORO BEACH, FL 33062			<b>STREET ADDRESS</b> 1170 HILLSBORO MILE #305	HILLSBORO BEACH, FL 33062	
<b>CITY-ST-ZIP</b>	HILLSBORO BEACH, FL 33062			<b>CITY-ST-ZIP</b>	HILLSBORO BEACH, FL 33062	
<b>TITLE</b> D	<b>NAME</b> MAROILL, MARILYN		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> JEROME LUXIER	
<b>STREET ADDRESS</b> 1170 HILLSBORO MILE #206	HILLSBORO BCH, FL 33062			<b>STREET ADDRESS</b> 1170 HILLSBORO MILE #106	HILLSBORO BEACH, FL 33062	
<b>CITY-ST-ZIP</b>	HILLSBORO BCH, FL 33062			<b>CITY-ST-ZIP</b>	HILLSBORO BEACH, FL 33062	
<b>TITLE</b> ST	<b>NAME</b> MCKAY, BILL		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> ST	<b>NAME</b> WILLIAM NEEL	
<b>STREET ADDRESS</b> 1170 HILLSBORO MILE #104	HILLSBORO BEACH, FL 33062			<b>STREET ADDRESS</b> 1170 HILLSBORO MILE #301	HILLSBORO BEACH, FL 33062	
<b>CITY-ST-ZIP</b>	HILLSBORO BEACH, FL 33062			<b>CITY-ST-ZIP</b>	HILLSBORO BEACH, FL 33062	
<b>TITLE</b> 	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>						
<b>SIGNATURE:</b>				DATE <u>7/10/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>954-698-0495</u>		