2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0000003159

Entity Name

HARBOR SIDE #4 AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.



FILED Mar 21, 2007 8:00 am Secretary of State

03-21-2007 90034 033 ****61.25

ASSOCIATION, INC.					·.				
Principal Place of Business 333 17TH ST SUITE 2L VERO BEACH, FL 32960 Mailing Add S33 17TH S SUITE 2L VERO BEACH, FL 32960 Mailing Add VERO BEACH VERO BEACH VERO BEACH			32960		 				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	03012007 CI	hg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number Applied For 59-3645575 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
- 6. Name and Address of Current Registered Agent					7. Name and Add	ress of New Reg	stered Age	ent	
CODNETT	COOCE & ASSOCIATES		Name	Name					
CORNETT, GOOGE & ASSOCIATES 401 EAST OSCEOLA ST 1ST FLOOR			Street	Street Address (P.O. Box Number is Not Acceptable)					
STUART, FL 34994			City		FL Zip Code				•
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									
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		e check p a Departm	-	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIREC	CTORS IN	10
TITLE	vs	☐ Delele	TITLE	DT	7		5	Change	☐ Addition
NAME	WHITEHILL, CLIFFORD		NAME	1			-		
STREET ADDRESS CITY-ST-ZIP	333 17TH ST SUITE 2L VERO BEACH, FL 32960		STREET ADDRESS City-St-Zip	1					
	TD	5%		DS				7.05	\
TITLE NAME	HERSCHKOWITZ, BRIAN	Delete	TIFLE NAME	Nor	ris Tack		ι] Change	Addition
STREET ADDRESS	·		STREET ADDRESS	722	ris Jack 1115 stree	1. Suite 21	L.		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZPP	715	Beach, fl	32960			
TITLE	Р	Delete	TITLE	1 17				Change	Addition
NAME	LEGGETT, CONNIE L	~	NAME	Leg	gett. Terr	4	_		7
STREET ADDRESS	333 17TH ST SUITE 2L		STREET ADDRESS	333	1713 stre	et suite	عالہ		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	Ver	gett, Terr 17Bstre 0 Beach, f	2 32960	1		
TITLE		☐ Delete	TITLE		•			Change	☐ Addition
NAME			NAME	1					
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NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	1					
TITLE		□ Delete	TITLE	 					☐ Addition
NAME		- Delete	NAME				L	0	
STREET ADDRESS			STREET ADDRESS	:					
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>					
12. I hereby	certify that the information supplied wit	h this filing does not qual	ify for the exemptions	contained	in Chapter 119, Flo	rida Statutes. I fur	ther certify	that the in	formation

c. Thereby certify that the information supplied with this tiling 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.

SIGNATURE:

SIGNATURE AND TYPED UP PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #