

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90054 046 ****61.25

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1. Entity Name
HARBOR SIDE #5 AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**333 17TH ST STE 2L
 VERO BEACH, FL 32960**

Mailing Address
**333 17TH ST STE 2L
 VERO BEACH, FL 32960**

40000000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-1062472

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORNETT, JANE L
 CORNETT, GOOGE, & ASSOCIATES, P.A.
 401 E. OSCEOLA STREET, 1ST FLOOR
 STUART, FL 34994**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	DS ANDRUS, PAT 333 17TH STREET, SUITE 2L VERO BEACH, FL 32960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, JACK <input checked="" type="checkbox"/> Delete 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GAUDY, RICHARD <input type="checkbox"/> Delete 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ANDRUS, PAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17TH STREET, SUITE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERRY, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 17TH STREET, SUITE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GAUDY, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17TH STREET, SUITE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: David E. Berry **3/11/08** **772-569-5092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #