

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

DOCUMENT # N01000002107



1. Entity Name
HARBOR SIDE VILLAGE CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business
100 PALM HARBOR PKWY
PALM COAST, FL 32137

Mailing Address
P.O. BOX 352672
PALM COAST, FL 32135

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

08082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3741515

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELLAPIANTA, MARC
17 OLD KINGS RD. NORTH
SUITE B
PALM COAST, FL 32137

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

Amended AR Is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CHIZZINI, JOHN
STREET ADDRESS 3 CORNING COURT
CITY-ST-ZIP PALM COAST, FL 32137

Delete

TITLE VSD
NAME BAUMANN, ROBERT L
STREET ADDRESS 100-16 PALM HARBOR PKWY
CITY-ST-ZIP PALM COAST, FL 32137

Delete

TITLE TD
NAME GUARNERI, JOSEPH
STREET ADDRESS 45 LEGARE STREET
CITY-ST-ZIP PALM COAST, FL 32137

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

800108749908
08/29/07-01011--012 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE PD
NAME Guarneri, Joseph
STREET ADDRESS 45 Legare Street
CITY-ST-ZIP Palm Coast, FL 32137

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE TD
NAME Clark, Francis
STREET ADDRESS 17 Ships Way
CITY-ST-ZIP Big Pine Key, FL 33043

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Joseph T. Guarneri*

8/10/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/07