


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90392 031 ****61.25

DOCUMENT # N04000001668 1. Entity Name HARBORSIDE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business FIRST CHOICE ASSOCIATES MGMT PALM HARBOR, FL 34685			Mailing Address 4171 WOODLANDS PKWY CLEARWATER, FL 33767		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2411760	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIRST CHOICE ASSOCIATION MGMT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIGIOVANNI, AGOSTINO 163 BAYSIDE DR CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dr. Manny Rose PO Box 20047 St. Petersburg, FL 33742	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DIGIOVANNI, DAVID 163 BAYSIDE DR CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres / Secretary Dr. Lang Lin 3023 Sunset Drive Belleair Bluffs, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGIOVANNI, MARY ANN 163 BAYSIDE DR CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael Cavanaugh 130 Brightwater Drive #3 Clearwater Beach, FL 33767	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 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: <u><i>Michael C. Cavanaugh</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Treasurer <u>3/1/06 (727) 785-8887</u> <small>Date Daytime Phone #</small>		

40057333



02012006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable