
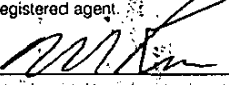



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90068 020 ****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 - No P.O. Box # Harborside Townhomes Suite, Apt. #, etc. Homeowners Assoc		3. Mailing Address 4133 Woodlands Pkwy Suite, Apt. #, etc.			
City & State Palm Harbor FL		City & State Florida		4. FEI Number 20-2411760	
Zip 34685		Country Pineellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIRST CHOICE ASSOCIATION MGMT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685				7. Name and Address of New Registered Agent Name Manuel S Rose Street Address (P.O. Box Number is Not Acceptable) 4133 Woodlands Parkway City Palm Harbor FL Zip Code 34685	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P ROSE, MANNY DR PO BOX 20047 SAINT PETERSBURG, FL 33742	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LIL, LANG DR 3023 SUNSET DR BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAVANAUGH, MICHAEL 130 BRIGHTWATER DR #3 CLEARWATER BEACH, FL 33767	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  7-1-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					