

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001668

FILED
Mar 02, 2009
Secretary of State

Entity Name: HARBORSIDE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

HARBORSIDE TOWNHOMES
4133 WOODLANDS PKWY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

HARBORSIDE TOWNHOMES
4133 WOODLANDS PKWY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 20-2411760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, MANUEL S
4133 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSE, MANNY DR
Address: PO BOX 20047
City-St-Zip: SAINT PETERSBURG, FL 33742

Title: VPS () Delete
Name: LIL, LANG DR
Address: 3023 SUNSET DR
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: T () Delete
Name: CAVANAUGH, MICHAEL
Address: 130 BRIGHTWATER DR #3
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL S ROSE

DR.

03/02/2009

Electronic Signature of Signing Officer or Director

Date