2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 12, 2006
Secretary of State

DOCUMENT# N04000005785

Entity Name: HARBORSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

611 DESTINY DRIVE
BAHIA BEACH, FL 33570

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DRIVE
SUITE #400
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 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: DP ( ) Delete
Name: NEWHART, ROBERT
Address: 611 DESTINY DRIVE
City-St-Zip: BAHIA BEACH, FL 33570

Title: DT ( ) Delete
Name: CORDELLO, DOUGLAS
Address: 12800 UNIVERSITY DRIVE., STE 400
City-St-Zip: FORT MYERS, FL 33907

Title: DS ( ) Delete
Name: THOMAS, MICHAEL
Address: 12800 UNIVERSITY DRIVE., STE 400
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: CORDELLO, DOUG
Address: 12800 UNIVERSITY DRIVE., STE 400
City-St-Zip: FORT MYERS, FL 33907

Title: DS (X) Change ( ) Addition
Name: TRUCKENBROD, JIM
Address: 12800 UNIVERSITY DRIVE., STE 400
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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: TYRONE BONGARD AUTH 09/12/2006

Electronic Signature of Signing Officer or Director — Date