2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000002222

Entity Name: HARBORSIDE BY THE UNIVERSITY OF SOUTH FLORIDA-ST. PETERSBURG, INC.

Current Principal Place of Business:

4250 LAKESIDE DR., STE. 214
JACKSONVILLE, FL 32210

New Principal Place of Business:

360 CENTRAL AVE
SUITE 1230
ST PETERSBURG, FL 33701

Current Mailing Address:

4250 LAKESIDE DR., STE. 214
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 26-1890590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATER, JAMES W. JR.
4250 LAKESIDE DR., STE. 214
JACKSONVILLE, FL 32210 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: WINDOM, ROBERT E
Address: 5450 EAGLES POINT CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: VP ( ) Change (X) Addition
Name: UPHAM, CAROL
Address: 7000 BAY STREET
City-St-Zip: ST PETERSBURG BEACH, FL 33706

Title: S ( ) Change (X) Addition
Name: STAVROS, ELLEN
Address: 958 SKYE LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: T ( ) Change (X) Addition
Name: WALLACE, WILLIAM
Address: 1338 MONTICELLO BLVD N
City-St-Zip: ST PETERSBURG, FL 33703

Title: D ( ) Change (X) Addition
Name: SULLIVAN, MARGARET
Address: 140 SEVENTH AVE SOUTH BAY 208
City-St-Zip: ST PETERSBURG, FL 33701

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: ROBERT E. WINDOM P 04/27/2009

Electronic Signature of Signing Officer or Director — Date