


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

01-24-2006 90015 041 ****61.25

DOCUMENT # N26143 1. Entity Name HARBORSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 1645 SE 46TH LN APT 103 CAPE CORAL, FL 33904 US	Mailing Address 1645 SE 46TH LN APT 103 CAPE CORAL, FL 33904 US
--	--

DO NOT WRITE IN THIS SPACE



01152006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUDSON, WILLIAM J., JR. 9250-5 COLLEGE PARKWAY FORT MYERS, FL 33919
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKER, ROBERT C 1645 SE 46TH LN APT 103 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOESER, STEPHEN C 23341 VALLEY FORGE ROAD ELKO, MN 55020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LOCKER, MARY 1645 SE 46TH LANE #103 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Mary D. Locker Mary D. Locker 1/17/06 239-945-6554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)