

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90053 026 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent HUDSON, WILLIAM J., JR. 9250-5 COLLEGE PARKWAY FORT MYERS, FL 33919		5. Name and Address of New Registered Agent Name Christopher J. Shields, Esq. Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry Street City Fort Myers FL Zip Code 33901	
6. 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 Christopher J. Shields, Esq. DATE 1-15-07 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2007		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. 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 LOCKER, ROBERT C 1645 SE 46TH LN APT 103 CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOESER, STEPHEN C 23341 VALLEY FORGE ROAD ELKO, MN 55020 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS LOCKER, MARY 1645 SE 46TH LANE #103 CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 Locker MARY LOCKER		1-15-07 239-945-6554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

60002299



01132007 Chg-NP CR2E037 (12/06)

4. FEE Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required