

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000000286

1. Corporation Name

HARBORSIDE VILLAGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

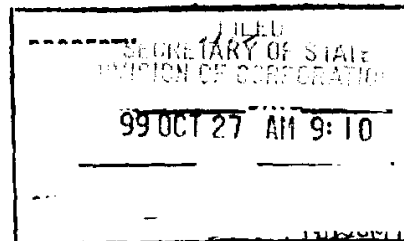
Principal Place of Business

3925 SOUTH NOVA ROAD  
PORT ORANGE FL 32127

Mailing Address

3925 SOUTH NOVA ROAD  
PORT ORANGE FL 32127

1166 Pelican Bay Dr  
Daytona Bch FL 32119



check 1069 Lost



|                                |                        |                                                                                          |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified                                                        |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 01/21/1997                                                                               |
| 22 City & State                | 27 City & State        | 4. FEI Number                                                                            |
| 23 Zip                         | 28 Zip                 | 59-3482947                                                                               |
| 24 Country                     | 29 Country             | Applied For                                                                              |
|                                |                        | Not Applicable                                                                           |
|                                |                        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|                                |                        | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |

|                                                                      |                                                                                                  |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent                      | 10. Name and Address of New Registered Agent                                                     |
| JOHNSON, JERRY S SR.<br>3925 SOUTH NOVA ROAD<br>PORT ORANGE FL 32127 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| PD<br>JOHNSON, JERRY S SR.<br>3925 SOUTH NOVA ROAD<br>PORT ORANGE FL 32127 | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| SD<br>BEATTY, JILL<br>3925 SOUTH NOVA ROAD<br>PORT ORANGE FL 32127         | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| TD<br>GRANT, ED<br>3869 SOUTH NOVA ROAD<br>PORT ORANGE FL 32127            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jerry S. Johnson Sr.*  
JERRY S. JOHNSON SR

904 756-3032

Date

Corporation