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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

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DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000286**

1. Corporation Name

HARBORSIDE VILLAGE SUBDIVISION HOMEOWNERS ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
3925 SOUTH NOVA ROAD PORT ORANGE FL 32127	~~3925 SOUTH NOVA ROAD~~ ~~PORT ORANGE FL 32127~~ 1166 Pelican Bay Dr Daytona Bch FL 32119

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/21/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3482947 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, JERRY S SR.
3925 SOUTH NOVA ROAD
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, JERRY S SR. 3925 SOUTH NOVA ROAD PORT ORANGE FL 32127	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BEATTY, JILL 3925 SOUTH NOVA ROAD PORT ORANGE FL 32127	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	900003035[illegible] ☐ Change ☐ Addition -11/05/99--01013--003 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRANT, ED 3869 SOUTH NOVA ROAD PORT ORANGE FL 32127	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 904 756-3032
Jerry S. Johnson SR
Name and Title
Date
Daytime Phone #