

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90370 027 \*\*\*\*61.25

**DOCUMENT # N97000000286**

1. Entity Name

**THE HARBORSIDE VILLAGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

1166 PELICAN BAY DR  
 DAYTONA BEACH FL 32119

Mailing Address

PO BOX 214306  
 SOUTH DAYTONA FL 32121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3482947**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BARRIN, MICHELE~~  
 1166 PELICAN BAY DR.  
 PORT ORANGE FL 32119

*Billy Watkins*  
 102 Spinnaker Circle  
 S. Daytona, FL 32119

Name

**Harborside Village  
 Homeowners Association  
 Post Office Box 214306  
 South Daytona, FL 32121**

Street Address

City

Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be

Added to Fees

**Make Check Payable to**

**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DP                  | <input type="checkbox"/> Delete |
| NAME           | KIFFER, REX         |                                 |
| STREET ADDRESS | 121 SPINNAKER       |                                 |
| CITY-ST-ZIP    | S. DAYTONA FL 32119 |                                 |
| TITLE          | DVP                 | <input type="checkbox"/> Delete |
| NAME           | MOORE, JILL         |                                 |
| STREET ADDRESS | 39 SPINNAKER        |                                 |
| CITY-ST-ZIP    | S. DAYTONA FL 32119 |                                 |
| TITLE          | DS                  | <input type="checkbox"/> Delete |
| NAME           | LABONTE, WILLIAM    |                                 |
| STREET ADDRESS | 17 SPINNAKER        |                                 |
| CITY-ST-ZIP    | S. DAYTONA FL 32119 |                                 |
| TITLE          | DT                  | <input type="checkbox"/> Delete |
| NAME           | AGRONT, ABRAHAM     |                                 |
| STREET ADDRESS | 38 SPINNAKER        |                                 |
| CITY-ST-ZIP    | S. DAYTONA FL 32119 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | HARRIS, VANCE       |                                 |
| STREET ADDRESS | 100 SPINNAKER       |                                 |
| CITY-ST-ZIP    | S. DAYTONA FL 32119 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |                         |                                                                   |
|----------------|-------------------------|-------------------------------------------------------------------|
| TITLE          | President               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Michael Watson          |                                                                   |
| STREET ADDRESS | 123 Spinnaker Circle    |                                                                   |
| CITY-ST-ZIP    | South Daytona, FL 32119 |                                                                   |
| TITLE          | Vice President          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Julie Cage              |                                                                   |
| STREET ADDRESS | 104 Spinnaker Circle    |                                                                   |
| CITY-ST-ZIP    | South Daytona, FL 32119 |                                                                   |
| TITLE          | Secretary               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Phoebe Nix              |                                                                   |
| STREET ADDRESS | 84 Spinnaker Cir.       |                                                                   |
| CITY-ST-ZIP    | South Daytona, FL 32119 |                                                                   |
| TITLE          | Vice Secretary          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Billy Watkins           |                                                                   |
| STREET ADDRESS | 102 Spinnaker Cir.      |                                                                   |
| CITY-ST-ZIP    | S. Daytona, FL 32119    |                                                                   |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Abraham Agront Jr.      |                                                                   |
| STREET ADDRESS | 38 Spinnaker Circle     |                                                                   |
| CITY-ST-ZIP    | S. Daytona FL 32119     |                                                                   |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                                                   |
| STREET ADDRESS |                         |                                                                   |
| CITY-ST-ZIP    |                         |                                                                   |

12. 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 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**386 763 1285**

CR2E037 (9/01)