


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90002 033 ****61.25

DOCUMENT # N98000002820			
1. Entity Name THE CONDOMINIUM ASSOCIATION OF HARBORSIDE VILLAS, INC.			
Principal Place of Business 279 LEWIS CIRCLE PUNTA GORDA, FL 33950		Mailing Address 279 LEWIS CIRCLE PUNTA GORDA, FL 33950	
2. Principal Place of Business		3. Mailing Address 100 Sullivan St Suite, Apt. #, etc. Ste 112	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 112	
City & State		City & State Punta Gorda FL	
Zip	Country	Zip 33950	Country US
6. Name and Address of Current Registered Agent GREENE, JOAN F C/O ACCURATE ACCOUNTING 100 SULLIVAN ST-STE 412 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name JOAN F. GREENE Street Address (P.O. Box Number is Not Acceptable) 100 SULLIVAN ST STE #12 City Punta Gorda FL Zip Code 33957	
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 <i>Joan F. Greene</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 3/6/06 (NOTE: Registered Agent signature required when reinstating)	
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	
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	PD WILL, ROGER 207 LEWIS CIRCLE PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN REDMOND 215 LEWIS CIRCLE PUNTA GORDA FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STANLEY, BERVERLY A 277 LEWIS CIRCLE PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORIS CARVILL 271 LEWIS CIRCLE PUNTA GORDA FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUTTON, MARJORY 273 LEWIS CIRCLE PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BILL BRACCO LEWIS CIRCLE PUNTA GORDA FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>William J. Beaud</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3-6-06 Daytime Phone # 941-637-4623	