


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

03-21-2003 90076 035 ****61.25

DOCUMENT # N 98000002820
1. Entity Name
THE CONDOMINIUM ASSOCIATION
OF HARBORSIDE VILLAS, INC.



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J0042398

2. Principal Place of Business
279 LEWIS CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
279 LEWIS CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PUNTA GORDA FL

City & State
PUNTA GORDA FL

4. FEI Number
65-0900606

Applied For
Not Applicable

Zip
33950

Country
CHARLOTTE

Zip
33950

Country
CHARLOTTE

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WILLIAM BRACCO

Street Address (P.O. Box Number is Not Acceptable)
279 LEWIS CIRCLE

City
PUNTA GORDA FL

Zip Code
33950

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 *William Bracco* WILLIAM BRACCO PRESIDENT 3-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE P/D	NAME WILLIAM BRACCO	TITLE	NAME
STREET ADDRESS 279 LEWIS CIRCLE	STREET ADDRESS 279 LEWIS CIRCLE	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP PUNTA GORDA FL 33950	CITY-ST-ZIP PUNTA GORDA FL 33950	CITY-ST-ZIP	CITY-ST-ZIP
TITLE V/S/D	NAME BEVERLY ANN BURCH-STANLEY	TITLE	NAME
STREET ADDRESS 279 LEWIS CIRCLE	STREET ADDRESS 279 LEWIS CIRCLE	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP PUNTA GORDA FL 33950	CITY-ST-ZIP PUNTA GORDA FL 33950	CITY-ST-ZIP	CITY-ST-ZIP
TITLE T/D	NAME JEANNETTE LOWRIMORE	TITLE	NAME
STREET ADDRESS 275 LEWIS CIRCLE	STREET ADDRESS 275 LEWIS CIRCLE	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP PUNTA GORDA FL 33950	CITY-ST-ZIP PUNTA GORDA FL 33950	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William Bracco* WILLIAM BRACCO PRESIDENT 3-18-03 941-637-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037B (12/02)