

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90022 003 ***150.00

DOCUMENT # P96000008847

1. Corporation Name

HARBORSIDE COMMUNITY MANAGEMENT, INC.



Principal Place of Business

~~12360 66TH STREET N. SUITE M~~
~~LARGO FL 34683 XXXX~~

455 Bonnie Blvd
Palm Harbor Fl. 34684

Mailing Address

~~12360 66TH STREET N. SUITE M~~
~~LARGO FL 34683 XXXX~~

455 Bonnie Blvd
Palm Harbor Fl 34684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

455 Bonnie Blvd

Suite, Apt. #, etc.

City & State
Palm Harbor Fl.

Zip Country
34684 US

2a. Mailing Address

455 Bonnie Blvd

Suite, Apt. #, etc.

City & State
Palm Harbor Fl.

Zip Country
34684 US

3. Date Incorporated or Qualified

01/25/1996

4. FEI Number

59-3363683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NASH, THOMAS C II
400 CLEVELAND STREET, EIGHTH FLOOR
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE

NAME

~~STREET ADDRESS~~ **PD**

~~CITY-ST-ZIP~~ **NURRE, BILL**

TITLE ☐ DELETE

NAME

~~STREET ADDRESS~~ **STD**

~~CITY-ST-ZIP~~ **NURRE, CATHY**

TITLE ☐ DELETE

NAME

~~STREET ADDRESS~~ **455 Bonnie Blvd.**

~~CITY-ST-ZIP~~ **455**

TITLE ☐ DELETE

NAME

~~STREET ADDRESS~~ **NURRE WILLIAM PD**

~~CITY-ST-ZIP~~ **455 Bonnie Blvd.**

TITLE ☐ DELETE

NAME

~~STREET ADDRESS~~ **NURRE CATHY**

~~CITY-ST-ZIP~~ **455 Bonnie Blvd.**

TITLE ☐ DELETE

NAME

~~STREET ADDRESS~~ **Palm Harbor, Fl. 34684**

~~CITY-ST-ZIP~~

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 607, 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: *William E. Nurre* **WILLIAM E. NURRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-99

Date

813-966-6690

Daytime Phone #

CR2E034 (11/98)