2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2025
Secretary of State
1781453142CC

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Entity Name: THE HARBORSIDE VILLAGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

TOMOKA PROPERTY MANAGEMENT
4645 S CLYDE MORRIS BLVD SUITE #401
PORT ORANGE, FL 32129

Current Mailing Address:

TOMOKA PROPERTY MANAGEMENT
4645 S. CLYDE MORRIS BLVD SUITE 401
PORT ORANGE, FL 32129 US

FEI Number: 59-3482947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOMOKA PROPERTY MANAGEMENT, INC
4777 CLYDE MORRIS BLVD
PORT ORANGE, FL 32129 US

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: NATHAN T WADE 04/22/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	POWERS, SHIRLEY
Address	4777 CLYDE MORRIS BLVD 4777 CLYDE MORRIS BLVD
City-State-Zip:	PORT ORANGE FL 32129

Title	SECRETARY
Name	ELLIOT, PAULA
Address	TOMOKA PROPERTY MANAGEMENT 4777 CLYDE MORRIS BLVD
City-State-Zip:	PORT ORANGE FL 32129

Title	DIRECTOR AT LARGE
Name	ROGERS, DEBRA
Address	4777 CLYDE MORRIS BLVD
City-State-Zip:	PORT ORANGE FL 32129

Title	VICE PRESIDENT
Name	AGRONT, ABRAHAM
Address	4777 CLYDE MORRIS BLVD
City-State-Zip:	PORT ORANGE FL 32129

Title	PRESIDENT
Name	GALLAGHER, FAY
Address	TOMOKA PROPERTY MANAGEMENT 4777 CLYDE MORRIS BLVD
City-State-Zip:	PORT ORANGE FL 32129

Title	DIRECTOR
Name	BRALY, ROBYN DIRECTOR AT LARGE
Address	4777 CLYDE MORRIS BLVD
City-State-Zip:	PORT ORANGE FL 32129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FAY GALLAGHER P 04/22/2025

Electronic Signature of Signing Officer/Director Detail — Date