

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712607 (1)
 1. Corporation Name

HARBORSIDE GARDENS, INC.



Principal Place of Business: **3400 GULF SHORE BLVD N. NAPLES FL 33940**
 Mailing Address: **3400 GULF SHORE BLVD N. NAPLES FL 33940**

3. Date Incorporated or Qualified: **04/01/1967**
 3a. Date of Last Report: **01/30/1995**
 4. FEI Number: **59-1203244**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 Suite, Apt #, etc: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 2a. Mailing Address: **26**
 Suite, Apt #, etc: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PIERCE, HAROLD L.~~ **N. Powell Taylor**
3400 GULF SHORE BLVD. # 0-3
NAPLES FL 33940

81 Name: **N. Powell Taylor**
 82 Street Address (P.O. Box Number is Not Acceptable): **3400 GSBN # 0-3**
 83
 84 City: **Naples** FL 85 Zip Code: **33940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE: *N. Powell Taylor* DATE: **July 20, 1996**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> DELETE	
NAME: HUSING, HOYT	
STREET ADDRESS: 3400 GULF SHORE BOULEVARD, G-4	
CITY-ST-ZIP: NAPLES FL	
TITLE: <input type="checkbox"/> DELETE	
NAME: TAYLOR, POWELL Harry Hooper	
STREET ADDRESS: 3400 GULF SHORE BOULEVARD, # 0-5	
CITY-ST-ZIP: NAPLES FL	
TITLE: <input type="checkbox"/> DELETE	
NAME: ACKER, JANE	
STREET ADDRESS: 3400 GULF SHORE BOULEVARD, B-1	
CITY-ST-ZIP: NAPLES FL	
TITLE: <input type="checkbox"/> DELETE	
NAME: JOHANSON, EDUARDE Jim Bernard	
STREET ADDRESS: 3400 GULF SHORE BLVD # 0-2	
CITY-ST-ZIP: NAPLES FL	
TITLE: <input type="checkbox"/> DELETE	
NAME: HARRIS, JACK R. Hal Pierce	
STREET ADDRESS: 3400 GULF SHORE BLVD # 0-3	
CITY-ST-ZIP: NAPLES FL	
TITLE: <input type="checkbox"/> DELETE	
NAME: TALIS, GEORGE	
STREET ADDRESS: 3400 GULF SHORE BOULEVARD, M6	
CITY-ST-ZIP: NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME: N. Powell Taylor	
1.3 STREET ADDRESS: 3400 GSBN # 0-3	
1.4 CITY-ST-ZIP: Naples FL	
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME: Harry Hooper	
2.3 STREET ADDRESS: m-5	
2.4 CITY-ST-ZIP:	
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME: Jim Bernard	
4.3 STREET ADDRESS: c-2	
4.4 CITY-ST-ZIP:	
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME: Hal Pierce	
5.3 STREET ADDRESS: m-3	
5.4 CITY-ST-ZIP:	
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME: 800001927768	
6.3 STREET ADDRESS: -08/20/96--01173--008	
6.4 CITY-ST-ZIP: ***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *N. Powell Taylor* Date: **6-10-96** Daytime Phone #: **058/00/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)