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FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34103-3688
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3. Date Incorporated or Qualified 04/01/1967	3a. Date of Last Report 08/20/1996
4. FEI Number 59-1203244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

TAYLOR, N. POWELL
3400 GULF SHORE BLVD. O-3
NAPLES FL 33940
34103

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

FL

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, N. POWELL	
STREET ADDRESS	3400 GULF SHORE BOULEVARD, O-3	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOPER, HARRY	
STREET ADDRESS	3400 GULF SHORE BOULEVARD, M-5	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACKER, JANE	
STREET ADDRESS	3400 GULF SHORE BOULEVARD, B-1	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNARD, JIM	
STREET ADDRESS	3400 GULF SHORE BLVD C-2	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PIERCE, HAL	
STREET ADDRESS	3400 GULF SHORE BLVD M-3	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Taylor, N. Powell* DATE **1/14/97**

CR2E037 (9/96)