

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90051 025 ****61.25

DOCUMENT # 712607

1. Entity Name
HARBORSIDE GARDENS, INC.

Principal Place of Business 3400 GULF SHORE BLVD N. NAPLES FL 34103	Mailing Address 3400 GULF SHORE BLVD N. NAPLES FLA 33940
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent
TAYLOR, N. POWELL
3400 GULF SHORE BLVD. 0-3
NAPLES FL 34103

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME D TAYLOR, N. POWELL	<input type="checkbox"/> Delete
STREET ADDRESS 3400 GULF SHORE BOULEVARD, 0-3	
CITY-ST-ZIP NAPLES FL	
TITLE NAME VD HUSING, HOYT	<input type="checkbox"/> Delete
STREET ADDRESS 3400 GSBN.G-4	
CITY-ST-ZIP NAPLES FL	
TITLE NAME PD BERNARD, JIM	<input type="checkbox"/> Delete
STREET ADDRESS 3400 GULF SHORE BLVD C-2	
CITY-ST-ZIP NAPLES FL	
TITLE NAME TD JOHNSON, ED	<input type="checkbox"/> Delete
STREET ADDRESS 3400 GULF SHORE BLVD N # 0-4	
CITY-ST-ZIP NAPLES FL 34103	
TITLE NAME D TALIS, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS 3400 GULF SHORE BOULEVARD, M6	
CITY-ST-ZIP NAPLES FL	
TITLE NAME SD MONDFRANS, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS 3400 GULF SHORE BLVD N # A-4	
CITY-ST-ZIP NAPLES FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D George Whalen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3400 GSBN N-3	
CITY-ST-ZIP NAPLES, FL.	
TITLE NAME D SALLY DUNKLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3400 GSBN. 0-1	
CITY-ST-ZIP NAPLES, FL.	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James D. Bernard* **JAMES D. BERNARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: January 12, 2001 Daytime Phone #: 941-261-0818

CR2E037 (10/00)