


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90004 033 ****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**

54024218



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01152004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1203244

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, N. POWELL
 3400 GULF SHORE BLVD. O-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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE PD	<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 ROBINSON, RONALD	
STREET ADDRESS 3400 GSBN B-6	
CITY-ST-ZIP NAPLES, FL	
TITLE PBD	<input type="checkbox"/> Delete
NAME BERNARD, JIM	
STREET ADDRESS 3400 GULF SHORE BLVD C-2	
CITY-ST-ZIP NAPLES, FL	
TITLE PD A SD	<input type="checkbox"/> Delete
NAME JOHNSON, ED	
STREET ADDRESS 3400 GULF SHORE BLVD N # O-4	
CITY-ST-ZIP NAPLES, FL 34103	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME TALIS, GEORGE	
STREET ADDRESS 3400 GULF SHORE BOULEVARD, M6	
CITY-ST-ZIP NAPLES, FL	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME MONDFRANS, JEAN	
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 D Malcolm Dinkley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 3400 Gulf Shore Blvd N, 01	
STREET ADDRESS Naples FL	
CITY-ST-ZIP	
TITLE D Edmonds Janet	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 3400 Gulf Shore Blvd N, B2	
STREET ADDRESS Naples FL	
CITY-ST-ZIP	
TITLE D Whalen, George	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Box AC, Verbank Rd.	
STREET ADDRESS Millbrook NY 12545	
CITY-ST-ZIP	
TITLE D Cousineau, Henry A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 345 Lake Street West	
STREET ADDRESS Wayzata MN 55391	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Richard J. Bernard* **Richard J. Bernard**

Date: **3-24-04** Daytime Phone #: **239-261-0818**