2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 30, 2004 8:00 am Secretary of State **DOCUMENT #712607** 03-30-2004 90004 033 ****61.25 HARBORSIDE GARDENS, INC. Principal Place of Business Mailing Address 3400 GULF SHORE BLVD N. 3400 GULF SHORE BLVD N. 54024218 NAPLES, FL 34103 NAPLES FLA. 33940 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 01152004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1203244 City & State City & State Applied For Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6.∠Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, N. POWELL Street Address (P.O. Box Number is Not Acceptable) 3400 GULF SHORE BLVD. O-3 NAPLES, FL 34103 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS D PD D Nalcolm Dunkley TITLE ☐ Delete TITLE NAME TAYLOR, N. POWELL NAME 3400 Gulf Shore Blood N. 01 STREET ADDRESS 3400 GULF SHORE BOULEVARD, O-3 STREET ADDRESS Naples FL CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP TITLE Delete TITLE Edmonds Sanet Change Addition 3400 Gulf Shore Blod N. B2 ROBINSON, RONALD NAME NAME 3400 GSBN B-6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP Naples Whalen George Rd. TITLE POTO. Delete -TITLE BERNARD, JIM NAME NAME STREET ADDRESS 3400 GULF SHORE BLVD C-2 STREET ADDRESS Millbrook NY 12545 CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP Cousineau, Henry A Change 345 Lake Street West TOIA SO TITLE ☐ Delete TITLE JOHNSON, ED NAME NAME 3400 GULF SHORE BLVD N # O-4 STREET ADDRESS STREET ADDRESS M Waysata CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition TALIS, GEORGE NAME NAME 3400 GULESHORE BOULEVARD, M6 STREET ADDRESS STREET ADDRESS NAPLES, FL CITY-ST-ZIP CITY-ST-ZIP TITLE SD TITLE □ Change ☐ Addition Delete MONDFRANS JEAN NAME NAME 3400 GULF SHORE BLVD N # A-4 STREET ADDRESS STREET ADDRESS NAPLES, FL 34103 CITY-ST-ZIP 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.

with all other like empowered. Berhard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

ichara

-24-04

Date

239-261-0818

Daytime Phone #

FILED