


FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90003 001 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>712607</u>			
1. Entity Name <u>Harborside Gardens Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		3400 Gulf Shore Blvd., N.	
City & State <u>Naples FL</u>		City & State <u>34103</u>	
Zip <u>34103</u>		Country <u>USA</u>	
4. FEE Number <u>39-1203244</u>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name <u>TAYLOR N POWELL</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>3400 GULF SHORE BLVD 0-3</u>			
City <u>NAPLES FL 34103</u>			
City <u>FL</u> 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 agents.			
SIGNATURE <u>W. P. Taylor V.P.</u>		<u>6-26-06</u>	
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Ron Robinson Pres.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>W. P. Taylor V.P.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Carita Mowry Secy.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Heather Carlin Treas.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>(all at above address)</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>(all at above address)</u>	TITLE 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(1)(b), 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 6, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like employment.			
SIGNATURE: <u>W. P. Taylor V.P.</u>		<u>6-26-06</u>	

ACCEPTED IN ERROR WITHOUT R/A INFO.
UPDATED 08/01/06. MEM