


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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90055 015 \*\*\*\*61.25

<b>DOCUMENT # 712607</b> 1. Entity Name <b>Harborside Gardens, Inc.</b>	
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**90068085**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3400 Gulfshore Blvd., N.</b>		3. Mailing Address <b>3400 Gulfshore Blvd., N.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34103</b>	Country	Zip <b>34103</b>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1203244</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City <b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Powell Taylor</b> <b>3400 Gulfshore Blvd., N., O-3</b> <b>Naples, FL 34103</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>George Whalen</b> <b>Box AC, Verbank Road</b> <b>Millbrook, NY 12545</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ed Johanson</b> <b>3400 Gulfshore Blvd., N., O-4</b> <b>Naples, FL 34103</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jim Bernard</b> <b>3400 Gulfshore Blvd., N.</b> <b>Naples, FL 34103</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ron Robinson</b> <b>503 Willowmere Lane</b> <b>Ambler, PA 19002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Janet Edmonds</b> <b>3400 Gulfshore Blvd., N. B-2</b> <b>Naples, FL 34103</b>	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(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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)