

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724215** (9)

1. Corporation Name

HARBORSIDE WEST OWNERS ASSOCIATION, INC



Principal Place of Business

Mailing Address

3410-3420 GULF SHORE BLVD. N.
NAPLES FL 33940

3410-3420 GULF SHORE BLVD. N.
NAPLES FL 33940

3. Date Incorporated or Qualified
08/28/1972

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1420077

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWALM, JOHN
2375 TAMiami TRAIL N
STE 308
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	BREHM, ALBERT L.	
STREET ADDRESS	3420 N GULF SHORE BLVD #66	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUMSTEAD, ARTHUR P.	
STREET ADDRESS	3420 GULF SHORE BLVD N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	IDE, JAMES S	
STREET ADDRESS	3654 STATE ROUTE #88	
CITY-ST-ZIP	CORTLAND OH	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RANKIN, ROBERT	
STREET ADDRESS	3420 GULF SHORE BLVD. NO.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EATON, ALMA	
STREET ADDRESS	3410 N GULF SHORE BLVD #501	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, ANNE	
STREET ADDRESS	3420 GULF SHORE BLVD NORTH	
CITY-ST-ZIP	NAPLES FL	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Allan Hendricks	
13 STREET ADDRESS	3420 Gulf Shore Blvd. N. #53	
14 CITY-ST-ZIP	Naples, Florida 33940	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A. B. Bumstead

3/14/96

(941) 261-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

A. B. Bumstead, President

CR2E037 (12/95)