

FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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.  
Naples, Fl. 34103 SAME

3. Date Incorporated or Qualified 8/28/1972  
3a. Date of Last Report 3/14/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
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  
SWALM, JOHN  
2375 Tamiami Trail N. Suite #308  
Naples, Fl. 34103  
10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brehm, Albert L.	1.2 NAME	Allan Hendricks
STREET ADDRESS	3420 Gulf Shore Blvd. N. #66	1.3 STREET ADDRESS	3420 Gulf Shore Blvd. N. #53
CITY-ST-ZIP	Naples, Fl. 34103	1.4 CITY-ST-ZIP	Naples, Fl. 34103
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bumstead, Arthur P.	2.2 NAME	
STREET ADDRESS	3420 Gulf Shore Blvd. N. #35	2.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Fl. 34103	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ide, James S.	3.2 NAME	
STREET ADDRESS	3420 Gulf Shore Blvd. N. #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Fl. 34103	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alma Eaton	4.2 NAME	
STREET ADDRESS	3410 Gulf Shore Blvd. N. #501	4.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Fl. 34103	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Rankin	5.2 NAME	
STREET ADDRESS	3420 Gulf Shore Blvd. N. #31	5.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Fl. 34103	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Johnson	6.2 NAME	900002127769
STREET ADDRESS	3420 Gulf Shore Blvd. N. #32	6.3 STREET ADDRESS	-03/28/97--01128--026
CITY-ST-ZIP	Naples, Fl. 34103	6.4 CITY-ST-ZIP	***61.25

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE: *A.P. Bumstead* 3/18/97 (941) 261-2460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
A.P. Bumstead, President

CR2E037 (9/96)