


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724215 (9)**  
 1. Corporation Name  
**HARBORSIDE WEST OWNERS ASSOCIATION, INC**



Principal Place of Business <b>3410-3420 GULF SHORE BLVD. N. NAPLES FL 33940</b>	Mailing Address <b>3410-3420 GULF SHORE BLVD. N. NAPLES FL 33940</b>
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3. Date Incorporated or Qualified  
**08/28/1972**

4. FEI Number  
**59-1420077**

Applied For	
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
24. Country	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SWALM, JOHN**  
**2375 TAMAMI TRAIL N**  
**STE 308**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BREHM, ALBERT L.</b>	
STREET ADDRESS	<b>3420 N GULF SHORE BLVD #68</b>	
CITY-ST-ZIP	<b>NAPLES, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUMSTEAD, ARTHUR P.</b>	
STREET ADDRESS	<b>3420 GULF SHORE BLVD N.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>DVP - D</del>	<input type="checkbox"/> DELETE
NAME	<b>IDE, JAMES S</b>	
STREET ADDRESS	<b>3654 STATE ROUTE #88</b>	
CITY-ST-ZIP	<b>CORTLAND OH</b>	
TITLE	<del>DS-</del>	<input type="checkbox"/> DELETE
NAME	<b>RANKIN, ROBERT</b>	
STREET ADDRESS	<b>3420 GULF SHORE BLVD. NO.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EATON, ALMA</b>	
STREET ADDRESS	<b>3410 N GULF SHORE BLVD #501</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, ANNE</b>	
STREET ADDRESS	<b>3420 GULF SHORE BLVD NORTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Allan Hendricks</b>	
1.3 STREET ADDRESS	<b>3420 Gulf Shore Blvd N #53</b>	
1.4 CITY-ST-ZIP	<b>Naples, Fl. 34103</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>RAYMOND NEWMAN</b>	
4.3 STREET ADDRESS	<b>3420 Gulf Shore Blvd. #43</b>	
4.4 CITY-ST-ZIP	<b>Naples, Fl. 34103</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *[Signature]* **ARTHUR P. BUMSTEAD** **3/12/98**

CR2E037 (10/97)