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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724215

1. Corporation Name

HARBORSIDE WEST OWNERS ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/28/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1420077	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREHM, ALBERT L.	1.2 NAME	Brehm, Albert L.
STREET ADDRESS	3420 N GULF SHORE BLVD #66	1.3 STREET ADDRESS	3420 Gulf Shore Blvd. N. #66
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	Naples, FL. 34103
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUMSTEAD, ARTHUR P.	2.2 NAME	Leikhim, Joseph H.
STREET ADDRESS	3420 GULF SHORE BLVD N.	2.3 STREET ADDRESS	3420 Gulf Shore Blvd. N. #52
CITY-ST-ZIP	NAPLES-FL	2.4 CITY-ST-ZIP	Naples, FL. 34103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	IDE, JAMES S	3.2 NAME	
STREET ADDRESS	3654 STATE ROUTE #88	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORTLAND OH	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, RAYMOND	4.2 NAME	Newman, Raymond
STREET ADDRESS	3420 GULF SHORE BLVD #43	4.3 STREET ADDRESS	3420 Gulf Shore Blvd. N. #43
CITY-ST-ZIP	NAPLES FL 34103	4.4 CITY-ST-ZIP	Naples, FL. 34103
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, ALMA	5.2 NAME	Eaton, Alma
STREET ADDRESS	3410 N GULF SHORE BLVD #501	5.3 STREET ADDRESS	3410 Gulf Shore Blvd. N. #501
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL. 34103
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ANNE	6.2 NAME	Hendricks, Allan
STREET ADDRESS	3420 GULF SHORE BLVD NORTH	6.3 STREET ADDRESS	3420 Gulf Shore Boulevard North
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	Naples, FL. 34103

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, with all other like empowered.

SIGNATURE: *Albert L. Brehm* SIGNATURE REQUIRED: *Albert L. Brehm* 4-28-99 941-261-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)