

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90002 027 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 724215 (9) ✓
1. Entity Name
 HARBORSIDE WEST OWNERS ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
 3410-3420 Gulf Shore Blvd. N. (SAME)
 Naples, Florida 34103

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number 59-1420077
 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~ROETZEL & ANDRESS~~
~~STEVEN FALK~~
~~850 PARK SHORE DR.~~
~~NAPLES, FL. 34103~~
John Swalm
 2375 Tamiami Trail
 Suite 308
 Naples, FL 34103

7. Name and Address of New Registered Agent
 Name *Steven Falk, Esq.*
 Street Address (P.O. Box Number is Not Acceptable)
 850 Park Shore Drive, 3rd Floor
 City *Naples* **FL** Zip Code *34103*

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.
 SIGNATURE *Steven Falk, Esq. (Registered Agent)* DATE *3/14/00*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution. **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Albert L. Brehm 3420 Gulf Shore Blvd. N. #66 Naples, Fl. 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jackie Shay 3410 Gulf Shore Blvd. N. #303 Naples, Fl. 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Joseph H. Leikhim 3420 Gulf Shore Blvd. N. #52 Naples, Fl. 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Alma Eaton 3410 Gulf Shore Blvd. N. #501 Naples, Fl. 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Raymond Newman 3420 Gulf Shore Blvd. N. #43 Naples, Fl. 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James S. Ide Sr. 3410 Gulf Shore Blvd. N. #201 Naples, Fl. 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allan Hendricks 3420 Gulf Shore Blvd. N. #53 Naples, Fl. 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond Newman* *March 14 2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)