

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90098 020 \*\*\*\*61.25

**DOCUMENT # 724215**

1. Entity 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

30028381



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

FALK, STEVEN ESQ  
850 PARK SHORE DRIVE 3RD FLOOR  
STE 308  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WAMSLEY, DUANE  
STREET ADDRESS 3410 GULF SHORE BLVD N #405  
CITY-ST-ZIP NAPLES FL 34103

TITLE DVP ☒ Delete  
NAME LEIKHIM, JOSEPH H  
STREET ADDRESS 3420 GULF SHORE BLVD N #52  
CITY-ST-ZIP NAPLES FL

TITLE DP ☐ Delete  
NAME KIKENDALL, THOMAS  
STREET ADDRESS 4200 SCENIC WAY  
CITY-ST-ZIP MEDINA OH 44256

TITLE D ☐ Delete  
NAME BREHM, ALBERT L  
STREET ADDRESS 3420 GULF SHORE BLVD #66  
CITY-ST-ZIP NAPLES FL 34103

TITLE DS ☐ Delete  
NAME DOYLE, MARY  
STREET ADDRESS 3420 N. GULF SHORE BLVD #42  
CITY-ST-ZIP NAPLES FL 34103

TITLE DT ☒ Delete  
NAME SHAEFFER, MERRILL  
STREET ADDRESS 3420 GULF SHORE BLVD #46  
CITY-ST-ZIP NAPLES FL 34103

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Change ☒ Addition  
NAME NICK WINGERT  
STREET ADDRESS 3420 GULF SHORE BLVD #36  
CITY-ST-ZIP NAPLES, FL. 34103

TITLE D ☐ Change ☒ Addition  
NAME BARKSDALE ROBERTS  
STREET ADDRESS 3410 GULF SHORE BLVD N. #101  
CITY-ST-ZIP NAPLES, FL. 34103

TITLE DVP ☒ Change ☐ Addition  
NAME JAMES IDE SR.  
STREET ADDRESS 3410 GULF SHORE BLVD N #201  
CITY-ST-ZIP NAPLES, FL. 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 addendum with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #