


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90038 017 ****61.25

DOCUMENT # 724215
 1. Entity Name
HARBORSIDE WEST OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 3410-3420 GULF SHORE BLVD. N. 3410-3420 GULF SHORE BLVD. N.
 NAPLES FL 33940 NAPLES FL 33940

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1420077 Not Applicable

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



1st MOORE CR2E037 (10/05)

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

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WAMSLEY, DUANE | |
| STREET ADDRESS | 3410 GULF SHORE BLVD N #405 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | IDE, JAMES SR | |
| STREET ADDRESS | 3410 GULF SHORE BLVD #201 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | KIKENDALL, THOMAS | |
| STREET ADDRESS | 4200 SCENIC WAY | |
| CITY-ST-ZIP | MEDINA OH 44256 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BREHM, ALBERT L | |
| STREET ADDRESS | 3420 GULF SHORE BLVD #66 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | DOYLE, MARY | |
| STREET ADDRESS | 3420 N. GULF SHORE BLVD #42 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | WINGERT, NICK | |
| STREET ADDRESS | 3420 GULF SHORE BLVD #36 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BARKSDALE ROBERTS | |
| STREET ADDRESS | 3410 GULF SHORE BLVD N. | |
| CITY-ST-ZIP | NAPLES, FL. 34103 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BREHM ALBERT L. | |
| STREET ADDRESS | 3420 GULF SHORE BLVD #66 | |
| CITY-ST-ZIP | NAPLES, FL. 34103 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* 3/15/06 839-261-2460