2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jul 17, 2008 8:00 am Secretary of State **DOCUMENT #724215** 07-17-2008 90061 034 ****61.25 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 07152008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-1420077 Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FALK, STEVEN ESQ Street Address (P.O. Box Number is Not Acceptable) 850 PARK SHORE DRIVE 3RD FLOOR **STE 308** NAPLES, FL 34103 Cir 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 SIGNATURE Stansture, typed or printed name of registered egent and title if applicable, (NOTE: Receitered Agent moneture required when repetating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by September 12, 2008 Trust Fund Contribution. Florida Department of State Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Ď Delete TITLE Dilisio Vincent WAMSLEY, DUANE NAME 3420Gulf Shore, Blvd, N, H55 3410 GULF SHORE BLVD N #405 STREET ACCIRESS STREET ADORESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP D ☐ Delete TITLE TTT 6 ☐ Change ☐ Addition ROBERTS, BARLDALE NAME MAME STREET ADDRESS 3410 GULF SHORE BLVD N STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP DP TITLE Delete TITLE Change . ☐ Addition Kikendall, Thomas 3420 oulf shore, Blue, N, #23 Naples FL 34103 KIKENDALL, THOMAS NUME NAME STREET ADDRESS 4200 SCENIC WAY STREET ADDRESS MEDINA, OH 44256 CITY-ST-ZIP CITY-ST-7P TITLE DVP Delete TITLE Change ☐ Addition BREHM, ALBERT L NAME STREET ADDRESS 3420 GULF SHORE BLVD #68 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition DOYLE, MARY NAME NAME STREET ADORESS 3420 N. GULF SHORE BLVD #42 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZP TITI F Delete TITLE ☐ Change ☐ Addition WINGERT, NICK 3420 GULF SHORE BLVD #38 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 hmorn

FILED

Attach ment

ATTACHMENT

Block 11

724215

D

Ide, James 3410 Gulf Shore Blud, N, H201 Naples, FL 34103