


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90124 002 ****61.25

DOCUMENT # 724215

1. Entity Name
HARBORSIDE WEST OWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
**3410-3420 GULF SHORE BLVD. N.
NAPLES FL 33940** **3410-3420 GULF SHORE BLVD. N.
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 **59-1420077** Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

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	<input type="checkbox"/> Delete
NAME	WAMSLEY, DUANE	
STREET ADDRESS	3410 GULF SHORE BLVD N #405	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LEIKHIM, JOSEPH H	
STREET ADDRESS	3420 GULF SHORE BLVD N #52	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IDE, JAMES S-	
STREET ADDRESS	3654 STATE ROUTE #88 -	
CITY-ST-ZIP	CORTLAND OH - -	
TITLE	DP	<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	EATON, ALMA	
STREET ADDRESS	3410 N GULF SHORE BLVD #501	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> 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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kikendall, Thomas	
STREET ADDRESS	4200 Scenic Way	
CITY-ST-ZIP	Medina, Ohio 44256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, BARKSDALE	
STREET ADDRESS	1209 Maple Lane	
CITY-ST-ZIP	Anchorage, Ky. 40223	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brehm, Albert L.	
STREET ADDRESS	3420 Gulf Shore Blvd. N. #66	
CITY-ST-ZIP	Naples, Fl. 34103	
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 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: Merrill Shaeffer Merrill Shaeffer 4/28/03 (239) 261-2460

CR2E037 (10/02)