

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

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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**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DP** ☐ Change ☒ Addition
NAME **Kikendall, Thomas**
STREET ADDRESS **4200 Scenic Way**
CITY-ST-ZIP **Medina, Ohio 44256**

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

TITLE **D** ☐ Change ☒ Addition
NAME **ROBERTS, BARKSDALE**
STREET ADDRESS **1209 Maple Lane**
CITY-ST-ZIP **Anchorage, Ky. 40223**

TITLE **D** ☒ Delete
NAME **IDE, JAMES S-**
STREET ADDRESS **3654 STATE ROUTE #88 -**
CITY-ST-ZIP **CORTLAND OH - -**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **Brehm, Albert L.**
STREET ADDRESS **3420 Gulf Shore Blvd. N. #66**
CITY-ST-ZIP **Naples, Fl. 34103**

TITLE **DS** ☐ Delete
NAME **EATON, ALMA**
STREET ADDRESS **3410 N GULF SHORE BLVD #501**
CITY-ST-ZIP **NAPLES FL**

TITLE **DT** ☐ Delete
NAME **SHAEFFER, MERRILL**
STREET ADDRESS **3420 GULF SHORE BLVD #46**
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**

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)