

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712607

Entity Name: HARBORSIDE GARDENS, INC.**Current Principal Place of Business:**3400 GULF SHORE BLVD N.
NAPLES, FL 34103**Current Mailing Address:**3400 GULF SHORE BLVD N.
NAPLES, FL 34103**FEI Number:** 59-1203244**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIES, CHRIS
9110 STRADA PLACE
NAPLES, FL 34108 US*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.***SIGNATURE:** CHRIS DAVIES

04/15/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TEMPLETON, BRUCE
Address 3400 GULF SHORE BLVD N
 M1
City-State-Zip: NAPLES FL 34103

Title VP
Name MCMAIN, DOUG
Address 3400 GULF SHORE BLVD N
 #N6
City-State-Zip: NAPLES FL 34103

Title SECRETARY
Name JENNIFER, JOHNSON
Address 3400 GULF SHORE BLVD N
 J2
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name NAVE, PAT
Address 3400 GULF SHORE BLVD N
 B2
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name MILLER, DAN
Address 3400 GULF SHORE BLVD N
 E1
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name MOWRY, CAREDA
Address 3400 GULF SHORE BLVD N
 M5
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name THOMAS , GREGORY
Address 3400 GULF SHORE BLVD N
 G3
City-State-Zip: NAPLES FL 34103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE TEMPLETON

PRESIDENT

04/15/2025

Electronic Signature of Signing Officer/Director Detail

Date