
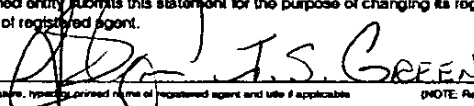
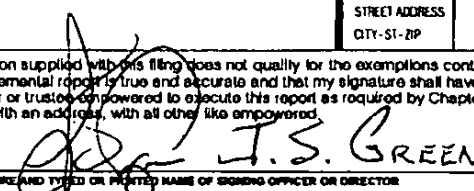


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**2. Apr 27, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90078 023 \*\*\*\*61.25

<b>DOCUMENT # 716295</b>			
1. Entity Name <b>HARBOR LAKES OF NAPLES, INC.</b>		Principal Place of Business <b>1155 SANDPIPER STREET NAPLES, FL 34102</b>	
Mailing Address <b>745 12TH AVE., S. SUITE D NAPLES, FL 34102</b>		2. Principal Place of Business	
3. Mailing Address		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1353649</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent <b>MOORE PROPE Coastal Property Management of 745 12TH AVENUE SW Florida, Inc. NAPLES, FL 34102 501 Goodlette Rd. N, Ste A-206 Naples, FL 34102</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <b>3-5-0</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. NO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, BRENDA</b>	NAME	
STREET ADDRESS	<b>1155 SANDPIPER ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34102</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEDNAR, DOROTHY</b>	NAME	
STREET ADDRESS	<b>1155 SANDPIPER ST F-4</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34102</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, MAUREEN</b>	NAME	
STREET ADDRESS	<b>1155 SANDPIPER ST G-2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34102</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP HUSTON, BOB</b>	NAME	
STREET ADDRESS	<b>1155 SANDPIPER ST A-1</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34102</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MCLAUGHLIN, BILL</b>	NAME	
STREET ADDRESS	<b>423 NEUCHATEL RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW BERN, NC 28562</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby 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: 		Date <b>2/10/06</b> <b>239/434-2077</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	