


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90034 044 ****61.25

DOCUMENT # 716295
 1. Entity Name
HARBOR LAKES OF NAPLES, INC.



Principal Place of Business 1155 SANDPIPER STREET NAPLES, FL 34102 US	Mailing Address 501 GOODLETTE ROAD NORTH SUITE A-206 C-200 NAPLES, FL 34102 US
---	---

DO NOT WRITE IN THIS SPACE

00001201



02202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1353649	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
 COASTAL PROPERTY MGMT OF SW FLORIDA, INC.
 501 GOODLETTE ROAD NORTH
 SUITE A-206 C-200
 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LITTLE, BRENDA 1155 SANDPIPER ST NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEDNAR, DOROTHY 1155 SANDPIPER ST F-4 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SULLIVAN, MAUREEN 1155 SANDPIPER ST G-2 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUSTON, BOB 1155 SANDPIPER ST A-1 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCLAUGHLIN, BILL 423 NEUCHATEL RD NEW BERN, NC 28562
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green - Manager
 2/28/2007 239-434-2077