

**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**

00001201



02202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1353649	Applied For Not Applicable
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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	D
NAME	LITTLE, BRENDA
STREET ADDRESS	1155 SANDPIPER ST
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	P
NAME	BEDNAR, DOROTHY
STREET ADDRESS	1155 SANDPIPER ST F-4
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	S
NAME	SULLIVAN, MAUREEN
STREET ADDRESS	1155 SANDPIPER ST G-2
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	VP
NAME	HUSTON, BOB
STREET ADDRESS	1155 SANDPIPER ST A-1
CITY- ST- ZIP	NAPLES, FL 34102
TITLE	D
NAME	MCLAUGHLIN, BILL
STREET ADDRESS	423 NEUCHATEL RD
CITY- ST- ZIP	NEW BERN, NC 28562
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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