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FILED

Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G48711

(7)

1. Corporation Name  
HARBORVIEW REALTY, INC.



Principal Place of Business

1000 N COLLIER BLVD  
P O BOX 1459  
MARCO ISLAND FL 33937  
US

Mailing Address

1000 N COLLIER BLVD  
P O BOX 1459  
MARCO ISLAND FL 34148-1459  
US

3. Date Incorporated or Qualified  
07/14/1983

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 219 S. Collier Blvd  
Suite, Apt #, etc.

2a. Mailing Address

26 P.O. Box 1459  
Suite, Apt #, etc.

4. FEI Number  
59-2304588

Applied For  
Not Applicable

22 City & State

23 Marco Island, FL  
Zip Country

24 34145 25 USA

27 City & State

28 Marco Island, FL  
Zip Country

29 34146 30 USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAZARUS MONTE  
985 BIRCH COURT  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

JAMES MCGREGOR

82 Street Address (P.O. Box Number is Not Acceptable)

319 Rookery Ct

83

84 City

Marco Island

FL

85 Zip Code

34145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*James K. McGregor*

*James K. McGregor*

2/11/97

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, NATALIE P	
STREET ADDRESS	1000 N COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SLOCUM, BETTY A	
STREET ADDRESS	1559 S BARFIELD	
CITY-ST-ZIP	MARCO ISLAND, FL 00000	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	LAZARUS, MARIANNE	
STREET ADDRESS	985 BIRCH CT.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, JEROME F	
STREET ADDRESS	233 N COLLIER	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James McGregor	
1.3 STREET ADDRESS	319 Rookery Ct.	
1.4 CITY-ST-ZIP	Marco Island, FL 34145	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James K. McGregor* *James K. McGregor* 2/11/97 941-642-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)