

UN 2005 Amended Annual Report

DOCUMENT # J71660

1. Entity Name
HARBORVIEW PLAZA, INC.Principal Place of Business
4560 TAMiami TRAIL
PORT CHARLOTTE FL 33980Mailing Address
4560 TAMiami TRAIL
PORT CHARLOTTE FL 33980FILED
05 SEP 29 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2816125

Applied For
Not Applicable6. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required☒ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNASI, ARE AL
4560 TAMiami TRAIL
PORT CHARLOTTE FL 33980Name
Street Address (P.O. Box Number is Not Acceptable)
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when replacing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME ARNASI, ARE AL
STREET ADDRESS 4560 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33980TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Stephanie H-Arnasi
CITY-ST-ZIP 4560 Tamiami Tr.
Port Charlotte, FL 33980
200060127592
03/30/05--01054--008 **\$61.25TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 607, 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 BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. 9-12-05 941 204 1343

CR2E034 (10/02)