

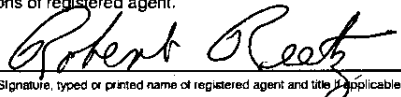
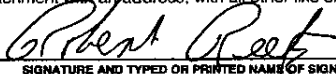


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90004 011 ****61.25

DOCUMENT # N08583 1. Entity Name HARBORVIEW SENIOR CITIZENS, INC.					
Principal Place of Business 24325 HARBORVIEW RD SUITE 10D CHARLOTTE HARBOR, FL 33980 US				Mailing Address 24325 HARBORVIEW RD SUITE 10D CHARLOTTE HARBOR, FL 33980 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 24325 HARBORVIEW RD. LOT 8 D Suite, Apt. #, etc. LOT 8 D City & State CHARLOTTE HARBOR, FL. Zip 33980 Country CHARLOTTE		J4061430 	
4. FEI Number NOT APPLICABLE				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHARLES D CARROLL 24325 HARBORVIEW RD SUITE 10D CHARLOTTE HARBOR, FL 33980				7. Name and Address of New Registered Agent Name ROBERT REETZ Street Address (P.O. Box Number is Not Acceptable) 24325 HARBORVIEW RD. LOT 8 D City CHARLOTTE HARBOR FL Zip Code 33980	
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  ROBERT REETZ DATE 3-18-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB MCEVOY, ARTHUR 24325 HARBORVIEW RD. 3E PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB ROBERT REETZ 24325 HARBORVIEW RD, LOT 8 D CHARLOTTE HARBOR, FL. 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELVOY, JEANNE 24325 HARBORVIEW RD #3E CHARLOTTE HARBOR, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS RICHARDSON 24325 HARBORVIEW RD LOT 46 A CHARLOTTE HARBOR, FL. 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARROLL, CHARLES D 24325 HARBORVIEW RD # 100 CHARLOTTE HARBOR, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOAN TREESH 24325 HARBORVIEW RD LOT 8 D CHARLOTTE HARBOR, FL. 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOURLEY, GENE 24325 HARBORVIEW RD. #18B CHARLOTTE HARBOR, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KITTY HALL 24325 HARBORVIEW RD LOT 11 E CHARLOTTE HARBOR, FL. 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GENE 24325 HARBORVIEW RD. #16C CHARLOTTE HARBOR, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON SCHWEIGER 24325 HARBORVIEW RD # 11 E CHARLOTTE HARBOR, FL. 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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: 			3-18-04 941-629-6796 <small>Date Daytime Phone #</small>		