2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90061 049 ****61.25

DOCUMENT # N08583

1. Entity Name

HARBORVIEW SENIOR CITIZENS, INC.

Principal Place of Business	Mailing Address
24325 HARBORVIEW RD SUITE 10D CHARLOTTE HARBOR FL 33980 US	24325 HARBORVIEW RD SUITE 8D CHARLOTTE HARBOR FL 33980 US

1st MOORE CR2E037 (10/04)

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 NO-T APPLICABLE ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

REETZ, ROBERT
24325 HARBORVIEW RD
SUITE 8D
CHARLOTTE HARBOR FL 33980

7. Name and Address of New Registered Agent

Name: Donald W. Clark
Street Address (P.O. Box Number is Not Acceptable): 24325 Harborview Rd Lot 49A
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: Donald W. Clark DONALD CLARK 3-22-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 REETZ, ROBERT 24325 HARBORVIEW RD LOT 8D PORT CHARLOTTE FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PB DONALD W. CLARK 24325 HARBOR VIEW RD LOT 47A CHARLOTTE HARBOR FL 33980
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RICHARDSON, LEWIS 24325 HARBORVIEW RD 46-A CHARLOTTE HARBOR FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TED CLARK 24325 HARBOR VIEW RD LOT 51A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TRESH, JOAN 24325 HARBORVIEW RD 8D CHARLOTTE HARBOR FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUE CLARK 24325 HARBOR VIEW RD LOT 51A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HALL, KITTY 24325 HARBORVIEW RD 11-E CHARLOTTE HARBOR FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HELEN CLARK 24325 HARBOR VIEW RD LOT 47A CHARLOTTE HARBOR FL 33980
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWEIGER, DON 24325 HARBORVIEW RD 11-E CHARLOTTE HARBOR FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARY WALKER 24325 HARBOR VIEW RD LOT 50A CHARLOTTE HARBOR FL 33980
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #