


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90207 012 ****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 8D CHARLOTTE HARBOR, FL 33980 US
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60030865



2. Principal Place of Business 24325 HARBORVIEW RD Suite, Apt. #, etc. 46-A City & State PORT CHARLOTTE FL Zip 33980 Country CHARLOTTE	3. Mailing Address 24325 HARBORVIEW RD Suite, Apt. #, etc. 46-A City & State PORT CHARLOTTE FL Zip 33980 Country CHARLOTTE
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04212006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent CLARK, DONALD W 24325 HARBORVIEW RD LOT 4719 CHARLOTTE HARBOR, FL 33980	
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent LEWIS E. RICHARDSON Street Address (P.O. Box Number is Not Acceptable) 24325 HARBORVIEW RD LOT 46-A City PORT CHARLOTTE 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 Lewis E. Richardson LEWIS E RICHARDSON 4-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

Filing Fee is \$61.25 Due by May 1, 2006	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
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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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB LEWIS E RICHARDSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24325 HARBORVIEW RD LOT 46-A PORT CHARLOTTE FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDSON, LEWIS 24325 HARBORVIEW RD 46-A CHARLOTTE HARBOR, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARLES CARROLL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24325 HARBORVIEW RD LOT 10-D PORT CHARLOTTE FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRESH, JOAN 24325 HARBORVIEW RD 8D CHARLOTTE HARBOR, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEAN RIDDLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24325 HARBORVIEW RD LOT 16-B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, KITTY 24325 HARBORVIEW RD 11-E CHARLOTTE HARBOR, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUE WAGNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24325 HARBORVIEW RD 14-D PORT CHARLOTTE FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIGER, DON 24325 HARBORVIEW RD 11-E CHARLOTTE HARBOR, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY WALKER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24325 HARBORVIEW RD LOT 50-A PORT CHARLOTTE FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B CLARK, DONALD W 24325 HARBORVIEW RD LOT 47A CHARLOTTE HARBOR, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lewis E Richardson LEWIS E RICHARDSON 4-21-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	