## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N08583**

1. Entity Name

HARBORVIEW SENIOR CITIZENS, INC.



Principal Place of Business

Mailing Address



**FILED** 

Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90207 012 \*\*\*\*61.25

SUITE 10D	OKVIEW KD	SUITE 8D			60030865				
	CHARLOTTE HARBOR, FL 33980 US CHARLOTTE HARBOR, FL 33980 US								
	tace of Business	I. Mailing Address							
J4325 HA RIPORVIEWRP 14325 HARBORVIEW A Suite, Apt. #, etc. Suite, Apt. #, etc.									
460	.,	YG-A			04212006	Chg-NP	CR2E037 (11/0	5)	
City & State		City & State			4. FEI Numbe		····	Applied For	
		PORT CHARLOTTE EL			NOT APPLICABLE   Not Applicable				
Zip	Country	Zip	Country		5 Cortificate	of Status Desired	\$8.75	Additional	
3398		<u> </u>	HARZOI	775			Fee Req	uired	
<del> </del>	6. Name and Address of Current Re	egistered Agent	Namo		7. Name and	Address of New F	Registered Agent	· · · · · · · · · · · · · · · · · · ·	
CLARK, DONALD W				LEWIS E. RICHARDSON					
	RBORVIEW RD		Street Address (			(P.O. Box Number is Not Acceptable)			
LOT 4719	TELIABBOB EL 2000		<u> </u>			HARBORVIEW RD LOT 46-A			
CHARLUI	TE HARBOR, FL. 33980								
			Cipo A	PT /1	HARIN	TTG	FL   智	3980	
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									
ine obligat	ions of registered agent.								
1 h.	Lewis E. Bicker	MOOR LEW	115 E	RICK	41208	ON 4-	21-06		
SIGNATURE.	Signature, typed or printed name of registered agent an		gistered Agent signatu				DATE		
	<del> </del>	<del></del>			<del></del>				
	Filing Fee is \$61.25	9. Election Campa		_ +		Make check payable to prida Department of State			
	Due by May 1, 2006	Trust Fund Cont	mbattori.	ο ,	Added to Fees	Fig	ilua Oepartiileili O	· Glate	
10.	OFFICERS AND DIRE	CTORS	11.	Al	DDITIONS/CHA	ANGES TO OFFICE	RS AND DIRECTOR	S IN 10	
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TITLE NAME	OFFICERS AND DIRE PB REETZ, ROBERT	CTORS	11. TITLE	PB A	DDITIONS/CH	ANGES TO OFFICE	RS AND DIRECTOR	S IN 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PB REETZ, ROBERT 24325 HARBORVIEW RD LOT 8D PORT CHARLOTTE, FL 33980	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB LEU 243 POR	DDITIONS/CHA JISE 25 HAR TOHAR	RICHAR BORVIGW LOTTE F	RS AND DIRECTORS  O SO N Chan  RD. LOT N  L 33980	S IN 10 ge Addition	
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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: LINE PICKANDSON LEWIS E RICHARDSON	4-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date	Daytime Phone #