2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N08583

Entity Name: HARBORVIEW SENIOR CITIZENS, INC.

Current Principal Place of Business:

24325 HARBORVIEW RD
LOT 10D
CHARLOTTE HARBOR, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

24325 HARBORVIEW RD
LOT 10D
CHARLOTTE HARBOR, FL 33980 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, CHARLES
24325 HARBORVIEW RD
LOT 10D
CHARLOTTE HARBOR, FL 33980 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PB	( ) Delete
Name:	CARROLL, CHARLES	
Address:	24325 HARBORVIEW RD LOT 10D	
City-St-Zip:	PORT CHARLOTTE, FL 33980	
Title:	V	( ) Delete
Name:	WALKER, GARY	
Address:	24325 HARBORVIEW RD LOT 50A	
City-St-Zip:	CHARLOTTE HARBOR, FL 33980	
Title:	S	( ) Delete
Name:	RIDDLE, JEAN	
Address:	24325 HARBORVIEW RD LOT 16-B	
City-St-Zip:	CHARLOTTE HARBOR, FL 33980	
Title:	T	( ) Delete
Name:	WAGNER, SUE	
Address:	24325 HARBORVIEW RD 14-D	
City-St-Zip:	CHARLOTTE HARBOR, FL 33980	
Title:	D	( ) Delete
Name:	BROOKS, HAROLD	
Address:	24325 HARBORVIEW RD 45-A	
City-St-Zip:	CHARLOTTE HARBOR, FL 33980	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE A WAGNER T 03/16/2009

Electronic Signature of Signing Officer or Director — Date