
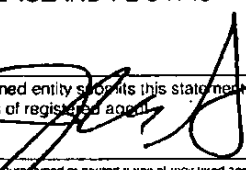
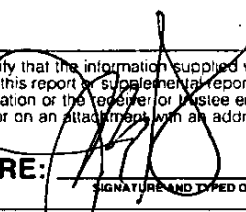


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2006 8:00 am
Secretary of State

04-26-2006 90183 003 ***150.00

DOCUMENT # P04000130056					
1. Entity Name HARBORVIEW REALTY OF NAPLES, INC.					
Principal Place of Business 291 SOUTH COLLIER BLVD, # 103 MARCO ISLAND FL 34145 US			Mailing Address 291 SOUTH COLLIER BLVD, # 103 MARCO ISLAND FL 34145 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 20-1820240				Applied For <input 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 MCGREGOR, JAMES K 319 ROOKERY COURT MARCO ISLAND FL 34145			7...Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  DATE 4/14/06 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGREGOR, JAMES K 319 ROOKERY CT. MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James K. McGregor 319 Rookery Ct Marco Island FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELBAKER-STRAUB, LEIGH 6690 BOTTLEBRUSH LANE NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGGIN, MARIANNA 2009 TIMBERLINE DRIVE NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDMOND, JOAN 13631 WORTHINGTON WAY, #1712 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joan Redmond 13631 Worthington Way #1712 Bonita Springs FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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 registered trustee empowered to execute this report as required by Chapter 607, 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: 		JAMES K. MCGREGOR 4/14/06 239-642-9200 <small>Signature typed or printed name of signing officer or director Date Daytime Phone #</small>			