
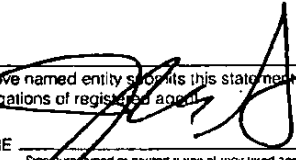
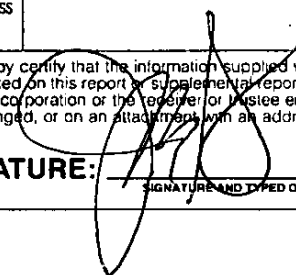


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 20-1820240		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6...Name and Address of Current Registered Agent			7...Name and Address of New Registered Agent			
MCGREGOR, JAMES K 319 ROOKERY COURT MARCO ISLAND FL 34145			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			
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	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGREGOR, JAMES K		NAME	James K. McGregor		
STREET ADDRESS	319 ROOKERY CT.		STREET ADDRESS	319 Rookery Ct		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	marco island FL 34145		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAZELBAKER-STRAUB, LEIGH		NAME			
STREET ADDRESS	6690 BOTTLEBRUSH LANE		STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOGGIN, MARIANNA		NAME			
STREET ADDRESS	2009 TIMBERLINE DRIVE		STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDMOND, JOAN		NAME	Joan Redmond		
STREET ADDRESS	13631 WORTHINGTON WAY, #1712		STREET ADDRESS	13631 Worthington Way #1712		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP	Bonita Springs FL 34135		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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 trustee or 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: 			DATE: JAMES K. MCGREGOR 4/14/06 239-642-9200			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE			