



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000130056</b> 1. Entity Name <b>HARBORVIEW REALTY OF NAPLES, INC.</b>	
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Principal Place of Business <b>291 SOUTH COLLIER BLVD, # 103 MARCO ISLAND, FL 34145 US</b>	Mailing Address <b>291 SOUTH COLLIER BLVD, # 103 MARCO ISLAND, FL 34145 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

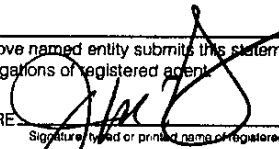
4. FEI Number <b>20-1820240</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCGREGOR, JAMES K  
319 ROOKERY COURT  
MARCO ISLAND, FL 34145**

**DO NOT WRITE  
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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 **3/13/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

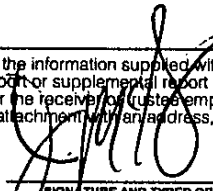
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCGREGOR, JAMES K 319 ROOKERY CT. MARCO ISLAND, FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAZELBAKER-STRAUB, LEIGH 6690 BOTTLEBRUSH LANE NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P REDMOND, JOAN 13631 WORTHINGTON WAY, #1712 BONITA SPRINGS, FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/07-80025-016 150.00

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 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** 1/4/07 239-642-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #