

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90130 032 ****61.25

DOCUMENT # **NO6590**

1. Entity Name

Sondal Foot Boulevard Estates **HARBORVIEW ASSN INC**



DO NOT WRITE IN THIS SPACE

20005357

2. Principal Place of Business

Swift Management & Solutions

Suite, Apt. #, etc.

1750 University Dr. #205

City & State **Coral Springs, FL 33071**

Zip

Country

3. Mailing Address

Swift Management & Solutions

1750 University Dr. #205

City & State **Coral Springs, FL 33071**

Zip

Country

4. FEI Number

59-2551580

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Swift Management & Solutions

Street Address (P.O. Box Number is Not Acceptable)

1750 University Dr. #205

Coral Springs, FL 33071

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

Nicole Swift

1/7/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres/Dir
Nick Scalice
10391 225 Lane South
Boca Raton FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Richard Renaud
10469 225 Lane South
Boca Raton FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3rd Treas
Ronald Radocchia
10491 225 Lane South
Boca Raton FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Richard Renaud
10469 225 Lane South
Boca Raton FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5th
Ronald Graham
10416 225 Lane South
Boca Raton FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LEAH ZIG
10417 225 Lane South
Boca Raton FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nicholas Scalice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Scalice

Date

Daytime Phone #

1/7/03 9543416340

CR2E037B (12/02)