FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N35330 (2)

1. Corporation Name

HARBORVIEW AT FISHER ISLAND CONMDOMINIUM ASSOCIA TION, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL A. MASH JR ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109	C/O MICHAEL A. MASH JR ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109

3. Date Incorporated or Qualified: 11/22/1989
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0158755 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 One Fisher Island Drive	26 One Fisher Island Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fisher Island, FL	28 City & State: Fisher Island, FL
24 Zip: 33109 — 25 Country: USA	29 Zip: 33109 — 30 Country: USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BIANCHI, DAVID W
4621 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIANCHI, DAVID W
STREET ADDRESS	4621 FISHER ISLAND DRIVE
CITY ST ZIP	FISHER ISLAND FL
TITLE	TD
NAME	SCHILLER, ARNOLD A
STREET ADDRESS	4721 FISHER ISLAND DRIVE
CITY ST ZIP	FISHER ISLAND FL
TITLE	SD
NAME	DRUBNER, SHARON
STREET ADDRESS	331 SOUTH STREET
CITY ST ZIP	MIDDLEBURY CT
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David W. Bianchi — David W. Bianchi, President & Director — 4/20/95 — 305-358-6644

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — Daytime Phone #

0006679