## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N35330

HARBORVIEW AT FISHER ISLAND CONMOOMINIUM ASSOCIA TION, INC.

## Principal Place of Business Mailing Address ONE FISCHER ISLAND DRIVE ONE FISHER ISLAND DRIVE 3. Date Incorporated or Qualified ONE FISHER ISLAND DRIVE ONE FISHER ISLAND DRIVE 11/22/1989 FISHER ISLAND FL 33109 FISHER ISLAND FL 33109 4. FEI Number Applied For 65-0158755 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes □ No Zıp Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BIANCHI, DAVID W 82 Street Address (P.O. Box Number is Not Acceptable) 4621 FISHER ISLAND DRIVE 83 FISHER ISLAND FL 33109 84 City Zip Code 85 Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **CFFICERS AND DIRECTORS** TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition NAME BIANCH!, DAVID W **1.2 NAME** 4621 FISHER ISLAND DRIVE STREET ADDRESS 1,3 STREET ADDRESS FISHER ISLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE SCHILLER, ARNOLD A NAME 2.2 NAME STREET ADDRESS 4721 FISHER ISLAND DRIVE 2.3 STREET ADDRESS FISHER ISLAND FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3,1 TITLE Change Addition DRUBNER, SHARON NAME 3.2 NAME STREET ADDRESS 331 SOUTH STREET 3.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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 receive 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 attack ment with an address of the corporation of the corpor

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3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

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DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

MIDDLEBURY CT

**CH2E037** 

Addition

Addition

Addition

Change

Change

Change

**FILED** 

Feb 04 1998 8:00am

Secretary of State