2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **N35330**

1. Entity Name
HARBORVIEW AT FISHER ISLAND CONMDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE FISCHER ISLAND DRIVE ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US	ONE FISHER ISLAND DRIVE ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0158755** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIANCHI DAVID W 4621 FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US	Name DRUBNER SHARON Street Address (P.O. Box Number is Not Acceptable) 4711 FISHER ISLAND DRIVE City FISHER ISLAND **FL** Zip Code 33109

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.

SIGNATURE **SHARON DRUBNER** **03/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DRUBNER, SHARON 331 SOUTH STREET MIDDLEBURY CT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DRUBNER, SHARON 331 SOUTH STREET MIDDLEBURY CT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHILLER ARNOLD A 4721 FISHER ISLAND DRIVE FISHER ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BIANCHI DAVID W 4621 FISHER ISLAND DRIVE FISHER ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RODRIGUEZ VINCENT 4521 FISHER ISLAND DRIVE FISHER ISLAND FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON DRUBNER PD 03/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #