

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90044 013 ****61.25

DOCUMENT # N35330 1. Entity Name HARBORVIEW AT FISHER ISLAND CONMDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ONE FISHER ISLAND DRIVE ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 US			Mailing Address 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.		01052004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0158755	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DRUBNER, SHARON 4711 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, VINCENT			NAME	
STREET ADDRESS	4521 FISHER ISLAND DRIVE			STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL			CITY-ST-ZIP	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DRUBNER, SHARON			NAME	
STREET ADDRESS	331 SOUTH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURY, CT			CITY-ST-ZIP	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HAI, ANTHONY			NAME	
STREET ADDRESS	4512 FISHER ISLAND DRIVE			STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL 33109			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>[Signature]</i> JERRY M. BLEWIS 1/9/04 305-532-3144 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					