

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90100 050 ****61.25

DOCUMENT # N35330 1. Entity Name HARBORVIEW AT FISHER ISLAND CONMDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business ONE FISCHER 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
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60022725



02122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0158755	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HYMAN, MIKE 150 WEST FLAGLER ST 27TH FLOOR MIAMI, FL 33130
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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. (NOTE: Registered Agent signature required when reinstating) DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAL, ANTHONY 4512 FISHER ISLAND DR FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHWARTZ, JERRY 4712 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHWARTZ, JERRY 4712 FISHER ISLAND DR FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-07