2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N35330

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

Current Principal Place of Business:

ONE FISCHER ISLAND DRIVE
ONE FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109 US

New Principal Place of Business:

Current Mailing Address:

C/O THE BOTTOM LINE
7501 BRIGANTINE LANE
POMPANO BEACH, FL 33067 US

New Mailing Address:

FEI Number: 65-0158755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYMAN, MIKE
150 WEST FLAGLER ST
27TH FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HAL, ANTHONY	
Address:	4512 FISHER ISLAND DR	
City-St-Zip:	FISHER ISLAND, FL 33109	
Title:	TD	( ) Delete
Name:	SCHWARTZ, JERRY	
Address:	4712 FISHER ISLAND DRIVE	
City-St-Zip:	FISHER ISLAND, FL 33109	
Title:	SD	( ) Delete
Name:	SCHWARTZ, JERRY	
Address:	4712 FISHER ISLAND DR	
City-St-Zip:	FISHER ISLAND, FL 33109	
Title:	VMBR	( ) Delete
Name:	SCHWARTZ, JERRY	
Address:	4712 FISHER ISLAND DRIVE	
City-St-Zip:	FISHER ISLAND, FL 33109	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	HAI, ANTHONY	
Address:	4512 FISHER ISLAND DR	
City-St-Zip:	FISHER ISLAND, FL 33109	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY HAI PD 01/30/2009

Electronic Signature of Signing Officer or Director — Date