2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35330

1. Entity Name

HARBORVIEW AT FISHER ISLAND COMMDOMINIUM ASSOCIATION, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90322 007 ****61.25

			COD WE TW						
one fisher island drive Fisher island fl 33109			ONE FISHER ISLAND DRIVE ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 65-0158755		——	Applied For Not Applicable		
Zip Country		Zip	Country	5. Certificate of State			75 Additional Required		
	6. Name and Address of Current	Registered Agent	L	7. Name and Addre	ss of New Register	<u> </u>	-	1	
4711 FISH	I, SHARON IER ISLAND DRIVE SLAND FL 33109		Name Street Address	s (P.O. Box Number is No				1	
	1. Anna	0.1	City	****	·······	Zip Cod	e	1	
<u> </u>	named entity submits this statement for	<u> </u>			-	▔┗╴╎		1	
the obligation of the colligation of the colligation of the collins of the collin	Signature, typed or printed name of registered agent	and title if applicable (NOTE	E: Registered Agent signature require		Make Che	TE	to		
<u></u>		DEGLODO							
IAME TREET ADDRESS	SD RODRIGUEZ, VINCENT 4521 FISHER ISLAND DRIVE FISHER ISLAND FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN Change	☐ Addition	(00/01/20)	
TREET ADDRESS	PD Drubner, Sharøn 331 South Street Middlebury Ct	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CRO	
AME TREET ADDRESS	td Hai, anthony 4512 Fisher Island Drive Fisher Island Fl 33109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
ITLE AME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	111		☐ Change	☐ Addition		
TLE		□ Delete	TITLE			☐ Change	Addition		
AME TREET ADDRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TLE AME TREET ADDRESS TY-ST-ZIP 2. I hereby ce	rtify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ection 110 07/2V/) Elaid	a Statutan I finish	Change	Addition		

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 therefereiver 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:

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1-8-03

305-532-3144