

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90007 022 \*\*\*\*61.25

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # N99000003620</b>  |         |  |         |
| 1. Entity Name<br><b>HARBORVIEW AT HARBOR ISLANDS ASSOCIATION, INC.</b>           |         |  |         |
| Principal Place of Business<br><b>960 HARBOR ISLAND DR<br/>HOLLYWOOD FL 33019</b> |         | Mailing Address<br><b>960 HARBOR ISLAND DR<br/>12TH FLOOR<br/>HOLLYWOOD FL 33019</b> |         |
| 2. Principal Place of Business  |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |



MOORE CR2E037 (11/03)

|   |  |  |  |  |          |
|---|--|--|--|--|----------|
| 4. FEI Number<br><b>65-0939163</b>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable |          |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  |  |          |
| 6. Name and Address of Current Registered Agent<br><b>BECKER &amp; POLIAKOFF, PA<br/>5201 BLUE LAGOON DR STE #100<br/>ATTN: DAVID ROGEL, ESQ<br/>MIAMI FL 33126</b> |  |  | 7. Name and Address of New Registered Agent        |  |          |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DEL PERCIO, LEONARD<br>960 HARBOR ISLAND DR<br>HOLLYWOOD FL 33019<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice-President<br>Scott Rubin<br>960 Harbor Islands Dr.<br>Hollywood, FL 33019<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VANIKIOTIS, GARY<br>960 HARBOR ISLAND DR<br>HOLLYWOOD FL 33019<br><input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President<br>Gary Vanikiotis<br>960 Harbor Islands Dr.<br>Hollywood, FL 33019<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>CRAWFORD, KEN<br>960 HARBOR ISLAND DR<br>HOLLYWOOD FL 33019<br><input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 another like empowered.

**SIGNATURE:** *Gary Vanikiotis* **GARY VANIKIOTIS** 1-28-04 954-455-2820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #