
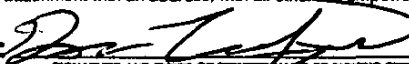


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90081 049 ****61.25

DOCUMENT # N99000003620			
1. Entity Name HARBORVIEW AT HARBOR ISLANDS ASSOCIATION, INC.			
Principal Place of Business 960 HARBOR ISLAND DR HOLLYWOOD, FL 33019		Mailing Address 960 HARBOR ISLAND DR 12TH FLOOR HOLLYWOOD, FL 33019	
2. Principal Place of Business 960 Harbor Islands Dr Suite, Apt. #, etc.		3. Mailing Address 960 Harbor Islands Dr Suite, Apt. #, etc.	
City & State Hollywood, FL Zip 33019 Country		City & State Hollywood, FL Zip 33019 Country	
4. FEI Number 65-0939163		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA ATTN : DAVID ROGEL, ESQ 121 ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP RUBIN, SCOTT <input checked="" type="checkbox"/> Delete 960 HARBOR ISLANDS DR. HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Bilello 960 Harbor Islands Dr Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete VANIKIOTIS, GARY 960 HARBOR ISLAND DR HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Len Del Percio 960 Harbor Islands Dr. Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete CRAWFORD, KEN 960 HARBOR ISLAND DR HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ken Crawford 960 Harbor Islands Dr Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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.			
SIGNATURE: 		Ken Crawford 1/5/06 954-454-1662	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	