


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90115 003 ****61.25

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1. Entity Name
HARBORVIEW AT HARBOR ISLANDS ASSOCIATION, INC.



Principal Place of Business
**980 HARBOR ISLANDS DR
 HOLLYWOOD, FL 33019**

Mailing Address
**980 HARBOR ISLANDS DR
 12TH FLOOR
 HOLLYWOOD, FL 33019**

DUPLICATE



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01152007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-0939163

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILLELO, JOHN 980 HARBOUR ISLANDS DR HOLLYWOOD, FL 33019	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEL PERCIO, LEN 980 HARBOUR ISLANDS DR HOLLYWOOD, FL 33019	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAWFORD, KEN 980 HARBOUR ISLANDS DR HOLLYWOOD, FL 33019	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILLELO, JOHN 980 Harbor Islands Dr. Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Del Percio, Len 980 Harbor Islands Dr. Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Crawford, Ken 980 Harbor Islands Dr. Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *J. Billelo* 1/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

David Rogel