980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019				
Current Mai	ling Address:			
	R ISLANDS DR DD, FL 33019			
FEI Number: 65-0939163			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
SOUTH FLORII 1920 E. HALLA SUITE 900 HALLANDALE,	NDALE BEACH BLVD.			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Fl	orida
SIGNATURE: BURTON F. LANDAU			-	, add
SIGNATURE	BURTON F. LANDAU	Ū.	-	04/14/2021
SIGNATURE	EIECTRON F. LANDAU EIECTRONIC Signature of Registered Agent			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			04/14/2021
	Electronic Signature of Registered Agent	Title	VPD	04/14/2021
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VPD DEL PERCIO, LEONARD	04/14/2021
Officer/Dire Title	Electronic Signature of Registered Agent ctor Detail : PD			04/14/2021
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PD CRAWFORD, KEN 980 HARBOR ISLANDS DR	Name	DEL PERCIO, LEONARD 980 HARBOR ISLANDS DR	04/14/2021
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PD CRAWFORD, KEN 980 HARBOR ISLANDS DR	Name Address	DEL PERCIO, LEONARD 980 HARBOR ISLANDS DR	04/14/2021
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PD CRAWFORD, KEN 980 HARBOR ISLANDS DR HOLLYWOOD FL 33019	Name Address	DEL PERCIO, LEONARD 980 HARBOR ISLANDS DR	04/14/2021
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PD CRAWFORD, KEN 980 HARBOR ISLANDS DR HOLLYWOOD FL 33019 STD	Name Address	DEL PERCIO, LEONARD 980 HARBOR ISLANDS DR	04/14/2021
Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : PD CRAWFORD, KEN 980 HARBOR ISLANDS DR HOLLYWOOD FL 33019 STD FREEDMAN, CYNTHIA	Name Address	DEL PERCIO, LEONARD 980 HARBOR ISLANDS DR	04/14/2021

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: HARBORVIEW AT HARBOR ISLANDS ASSOCIATION, INC.

DOCUMENT# N99000003620

Current Principal Place of Business:

I hereby 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 all other like empowered.

SIGNATURE: KEN CRAWFORD

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

FILED Apr 14, 2021

Secretary of State

1884305306CC