980 HARBOR I HOLLYWOOD,				
Current Mai	ling Address:			
	R ISLANDS DR DD, FL 33019			
FEI Number: 65-0939163		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
SOUTH FLORII 1920 E. HALLA SUITE 900 HALLANDALE,	NDALE BEACH BLVD.			
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.				
SIGNATURE: BURTON F. LANDAU				onda.
SIGNATURE				04/24/2019
SIGNATURE				
SIGNATURE Officer/Dire	EIECTONIC Signature of Registered Agent			04/24/2019
	EIECTONIC Signature of Registered Agent	Title	VPD	04/24/2019
Officer/Dire	EIECTRON F. LANDAU Electronic Signature of Registered Agent			04/24/2019
Officer/Dire	EIECTRON F. LANDAU EIECTRONIC Signature of Registered Agent Ctor Detail : PD	Title	VPD	04/24/2019
Officer/Dire Title Name	E: BURTON F. LANDAU Electronic Signature of Registered Agent Ctor Detail : PD CRAWFORD, KEN	Title Name	VPD DEL PERCIO, LEONARD 980 HARBOR ISLANDS DR	04/24/2019
Officer/Dire Title Name Address	E: BURTON F. LANDAU Electronic Signature of Registered Agent Ctor Detail : PD CRAWFORD, KEN 980 HARBOR ISLANDS DR	Title Name Address	VPD DEL PERCIO, LEONARD 980 HARBOR ISLANDS DR	04/24/2019
Officer/Dire Title Name Address City-State-Zip:	E: BURTON F. LANDAU Electronic Signature of Registered Agent Ctor Detail : PD CRAWFORD, KEN 980 HARBOR ISLANDS DR HOLLYWOOD FL 33019	Title Name Address	VPD DEL PERCIO, LEONARD 980 HARBOR ISLANDS DR	04/24/2019
Officer/Dire Title Name Address City-State-Zip: Title	E: BURTON F. LANDAU Electronic Signature of Registered Agent Ctor Detail : PD CRAWFORD, KEN 980 HARBOR ISLANDS DR HOLLYWOOD FL 33019 STD	Title Name Address	VPD DEL PERCIO, LEONARD 980 HARBOR ISLANDS DR	04/24/2019

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: KENNETH CRAWFORD

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/24/2019

FILED Apr 24, 2019 Secretary of State 5686833462CC

Current Principal Place of Business:

DOCUMENT# N99000003620

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: HARBORVIEW AT HARBOR ISLANDS ASSOCIATION, INC.

Date