2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008
Secretary of State

DOCUMENT# 757859

Entity Name: HARBOR VIEW COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4165 WHIDDEN BLVD
#5 & #6
PT. CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

4165 WHIDDEN BLVD
#5 & #6
PT. CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 59-2190010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEDERER, JOEL O
3701 TAMIAMI TRL
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

HEEKIN, JOHN C ATTY
21202 OLEAN BLVD
PORT CHARLOTTE, FL 33952 US

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: JOHN CHARLES HEEKIN, ATTY 07/17/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: KOENIG, ROBERT
Address: 4165 WHIDDEN BLVD #5 & #6
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DV ( ) Delete
Name: SCHUMACHER, DAVID
Address: 3052 VILLA ST
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DS (X) Delete
Name: WATT, DONNA
Address: 69 WARRINGTON BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT E KOENIG DPT 07/17/2008
Electronic Signature of Signing Officer or Director Date