
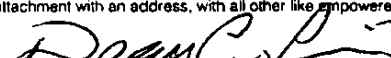


FILED
May 15, 2007 8:00 am
Secretary of State

66014956

| | | | |
|--|---|--|---|
| DOCUMENT # N06000010818 | |  | |
| 1. Entity Name HARBOR VISTA CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 32427 QUIET HARBOR AVE. LEESBURG, FL 34788 | | Mailing Address 32427 QUIET HARBOR AVE. LEESBURG, FL 34788 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 329 N. Park Ave. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 300 | |
| City & State | | City & State Winter Park, FL | |
| Zip | Country | Zip | Country |
| 32789 | | 32789 | USA |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| B & C CORPORATE SERVICES OF CENTRAL FLORID A, INC. 390 NORTH ORANGE AVE, SUITE 1400 ORLANDO, FL 32801 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRICE, DEAN C II 320 NORTH PARK AVENUE, SUITE 300 WINTER PARK, FL 32789 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 329 N. Park Ave., #300 Winter Park, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROCK, JAY P 329 NORTH PARK AVENUE, SUITE 300 WINTER PARK, FL 32789 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 329 N. Park Ave., #300 Winter Park, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MISSIGMAN, PAUL M 329 NORTH PARK AVENUE, SUITE 300 WINTER PARK, FL 32789 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 329 N. Park Ave., #300 Winter Park, FL 32789 |
| 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 empowerment. | | | |
| SIGNATURE:  | | 4-24-07 407-741-8544 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |