


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 26 1998 8:00am
Secretary of State

0005422

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002162 (6)

1. Corporation Name

HARBOR VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10301 EAST BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154-1256

10301 EAST BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154-1256



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/12/1993

4. FEI Number

65-0409534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a home owners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

LAPORTA, JOHN C.

82 Street Address (P.O. Box Number is Not Acceptable)

10301 E. BAY HBR. DR. #1

83

84 City

BAY HARBOR

FL

85 Zip Code

33154

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/4/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GILEWSKI, STEFAN
STREET ADDRESS 10301 E BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE VD ☐ DELETE

NAME AVAD, LEONARDO M.
STREET ADDRESS 10301 E BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE SD ☐ DELETE

NAME AVRICH, DOROTHY
STREET ADDRESS 10301 E BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME LAPORTA, JOHN C.
1.3 STREET ADDRESS 10301 E. BAY HBR. DR. #1
1.4 CITY-ST-ZIP BAY HARBOR ISLANDS, FL.

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME DEL CAMPO, MARIA
2.3 STREET ADDRESS 10301 E. BAY HBR. DR. #8
2.4 CITY-ST-ZIP BAY HARBOR ISLANDS, FL.

3.1 TITLE SD ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/98 (305) 861-6915

CR2E037 (5/98)