

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002162

1. Entity Name

HARBOR VIEW CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 20 AM 11:17

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 545838

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Surfside Florida

Zip

Country

33154

USA

4. FEI Number

65-0409534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAPORTA, JOHN C
10301 E BAY HBR DR
#1
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAPORTA, JOHN C
STREET ADDRESS 10301 E BAY HBR DR, #1
CITY-ST-ZIP BAY HARBOR ISLANDS FL ☐ Delete

TITLE VD
NAME DEL, CAMPO M
STREET ADDRESS 10301 E BAY HBR DR #8
CITY-ST-ZIP BAY HARBOR ISLANDS FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME Tirella Alfred
STREET ADDRESS 10301 E. Bay HBR Dr #8
CITY-ST-ZIP Bay Harbor Islands, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003408295-3
-09/23/00-01081-014
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
AD

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

9/13/00 305 865-1035

Date

Daytime Phone #

CR2E037 (5/00)