

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002162

1. Entity Name

HARBOR VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

TITLE VD
NAME GONZALEZ, LOURDES
STREET ADDRESS 2436 SW 22ND TERRACCE
CITY-ST-ZIP MIAMI FL 33145

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

John Laporta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

305 532 7878

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE