2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N93000002162



03-15-2004 90012 039 ****61.25 HARBOR VIEW CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 54018362 10301 EAST BAY HARBOR DRIVE 10301 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154-1256 US BAY HARBOR ISLANDS, FL 33154-1256 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232004 CR2E037 (10/03) Chg-NP 4. FEI Number 65-0409534 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 25. Certificate of Status Desired_ Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENNET, JOAN Street Address (P.O. Box Number is Not Acceptable) 518 NE 62ND ST. MIAMI, FL 33138 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITLE ☐ Addition TITLE ☐ Delete LAPORTA, JOHN C NAME 10301 E BAY HBR DR. #1 STREET ADDRESS STREET ADDRESS BAY HARBOR ISLANDS, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 🔽 Delete TITLE M DUMA AVRICH, DOROTHY NAME NAME STREET ADDRESS 10301 E BAY HARBOR DR STREET ADDRESS BAY HARBOR ISLANDS, FL CITY_ST_7IP CITY-ST-ZIP ----TITLE TITLE **₩**,Delete GONZALEZ, LOURDES NAME NAME 10301 & Ben Harbor STREET ADDRESS 2436 SW 22ND TERRACCE STREET ADDRESS CITY-ST-ZIP Bay HUBOV CITY-ST-7IP MIAMI, FL 33145 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

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 of 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:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

exxell NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

3055327878

Change

Change

☐ Addition

☐ Addition

FILED Mar 15, 2004 8:00 am

Secretary of State