


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90027 025 ****61.25

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| DOCUMENT # N93000002162 1. Entity Name HARBOR VIEW CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business 10301 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154-1256 US | | Mailing Address 10301 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154-1256 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1607 ARTHUR ST Suite, Apt. #, etc. 106 | |
| City & State Zip | | City & State HOLLYWOOD, FL Zip 33020 | |
| Country USA | | 4. FEI Number 65-0409534 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BENNET, JOAN 518 NE 62ND ST. MIAMI, FL 33138 | | 7. Name and Address of New Registered Agent Name MICHELLE BOUCHER Street Address (P.O. Box Number is Not Acceptable) 1607 ARTHUR ST. #106 City HOLLYWOOD FL Zip Code 33020 | |
| 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 <u><i>Michelle Boucher</i></u> DATE <u>07-11-06</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BAEZ, MOYRA 10301 E. BAY HARBOR DR. # 8 BAY HARBOR ISLANDS, FL 33154 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT BAEZ MOYRI |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MACHNEZ, MIKE 10301 E. BAY HARBOR DR. #4 BAY HARBOR ISLANDS, FL 33154 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MARTINEZ MIKE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAPORTA, JOHN C 10301 E. BAY HARBOR DR. #1 BAY HARBOR ISLANDS, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY-TREASURER LOURDES GONZALEZ 10301 E. BAY HARBOR DRIVE, APT. 10 BAY HARBOR ISLANDS, FL 33154 |
| 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 empowered. | | | |
| SIGNATURE: <u><i>Moyri Baez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | VICE-PRESIDENT <u>07/11/06 305-807-5811</u> <small>Date Daytime Phone #</small> | |

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