

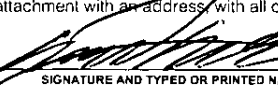


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90047 020 \*\*\*\*61.25

<b>DOCUMENT # N93000002162</b> 1. Entity Name <b>HARBOR VIEW CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>10301 EAST BAY HARBOR DRIVE</b> <b>BAY HARBOR ISLANDS, FL 33154-1256 US</b>			Mailing Address <b>1607 ARTHUR ST</b> <b>106</b> <b>HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01102007    Chg-NP    CR2E037 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0409534</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOUCHER, MICHELLE</b> <b>1607 ARTHUR ST. #106</b> <b>HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>  <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAEZ, MOYRA <input checked="" type="checkbox"/> Delete 10301 E. BAY HARBOR DR. # 8 BAY HARBOR ISLANDS, FL 33154			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHNEZ, MIKE <input type="checkbox"/> Delete 10301 E. BAY HARBOR DR. #4 BAY HARBOR ISLANDS, FL 33154			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MIKE MARTINEZ</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GONZALEZ, LOURDES <input type="checkbox"/> Delete 10301 E. BAY HARBOR DRIVE APT 10 BAY HARBOUR, FL 33154			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
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.					
<b>SIGNATURE:</b>  <b>MIKE MARTINEZ - PRESIDENT 01/26/07 305-893-6453</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					