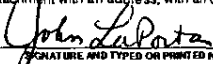


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90973 016 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002162				70035084	
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0409534	
Zip		Zip		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 Jean Bennett Street Address (P.O. Box Number is Not Acceptable) 518 NE 12 ST City MIAMI FL Zip Code 33138	
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 4/3/03 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing)					
FILE NOW: FEES \$61.25		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LAPORTA, JOHN C		NAME		
STREET ADDRESS	10301 E BAY HBR DR, #1		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	AVRICH, DOROTHY		NAME		
STREET ADDRESS	10301 E BAY HARBOR DR		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GONZALEZ, LOURDES		NAME		
STREET ADDRESS	2436 SW 22ND TERRACCE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 4/3/03 Cayman Phone # 305532 7878		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2037 (10/02)