2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N99000003620

HARBORVIEW AT HARBOR ISLANDS ASSOCIATION,



FILED Feb 05, 2007 8:00 am Secretary of State

02-05-2007 90115 003 ****61.25

Principal Place of Business

Mailing Address 980 HARBOR ISLANDS DR 980 HARBOR ISLANDS DR カリリナー 12TH FLOOR HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-NP CR2E037 (12/06) 4. FEI Numbe Applied For City & State City & State 65-0939163 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER & POLIAKOFF, PA Street Address (P.O. Box Number is Not Acceptable) ATTN: DAVID ROGEL, ESQ. 121 ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134 City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Delete TITLE TITLE BILLELO, JOHN 980, Harbor Islands Dr. **BILELLO, JOHN** NAME NAME 980 HARBOUR ISLANDS DR STREET ADDRESS STREET ADDRESS 33019 Hollywood, FL HOLLYWOOD, FL 33019 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ST TITLE Delete Del Percio, Len DEL PERCIO, LEN NAME 980 Harbor Islands Dr. Hellywood, Fl 33010 980 HARBOUR ISLANDS DR STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33019 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition IIILE TITLE Delete Crawford Ken ands Dr CRAWFORD, KEN NAME NAME STREET ADDRESS 980 HARBOUR ISLANDS DR STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP_ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental export 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 trusted throughout the 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 or block 11 if changed.

SIGNATURE:

RIGHATURE AN RECTOR Daytime Phone #