

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003620**

1. Entity Name  
**HARBORVIEW AT HARBOR ISLANDS ASSOCIATION, INC.**



Principal Place of Business  
**980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019**

Mailing Address  
**980 HARBOR ISLANDS DR  
~~12TH FLOOR~~  
HOLLYWOOD, FL 33019**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0939163**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BECKER & POLIAKOFF, PA  
ATTN : DAVID ROGEL, ESQ  
121 ALHAMBRA PLAZA, SUITE 1000  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000797253  
01/29/08-80066-007 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILELLO, JOHN 980 HARBOUR ISLANDS DR HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEL PERCIO, LEN 980 HARBOUR ISLANDS DR HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, KEN 980 HARBOUR ISLANDS DR HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/08**

Date

**954-454-1662**

Daytime Phone #