

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


2/17/2004-90029-010-\$61.25-\$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N00000006725

1. Entity Name
ADMIRAL'S COVE TOWNHOMES AT HARBOR ISLANDS ASSOCIATION, INC.



Principal Place of Business Mailing Address
960 HARBOR ISLANDS DRIVE **960 HARBOR ISLANDS DRIVE**
HOLLYWOOD FL 33019 **HOLLYWOOD FL 33019**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GETMAN, DENNIS J ESQ
201 ALHAMBRA CIR., 12TH FLOOR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Becker & Poliakoff PA**
 Street Address (P.O. Box Number is Not Acceptable) **5201 Blue Lagoon Dr. Ste #100**
 Attn: **David Rogel Esq**
 City **Miami** FL Zip Code **33126**

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 **2/26/04**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FINE NOW FEES \$5.25 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 10. Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GETMAN, DENNIS J 201 ALHAMBRA CIR., 12TH FLOOR CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steve Goodman 960 Harbor Islands Dr. Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNOTT, STEVEN 201 ALHAMBRA CIR., 12TH FLOOR CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Roy Kammerman 960 Harbor Islands Dr. Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MCNAIRY, CHARLES L. 201 ALHAMBRA CIR., 12TH FLOOR CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Stuart Socol 960 Harbor Islands Dr. Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALEN, PATRICIA 201 ALHAMBRA CIR., 12TH FLOOR CORAL GABLES FL 33134 <input checked="" 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	KERRIGAN, JUANITA I 201 ALHAMBRA CIR., 12TH FLOOR CORAL GABLES FL 33134 <input checked="" 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	WELDA, RICHARD P 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES FL 33134 <input checked="" 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 exemption stated in Section 119.07(3)(f), 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 **1/28/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/04