· 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000000493



FILED Mar 24, 2006 8:00 am **Secretary of State**

03-24-2006 90018 015 ****61.25 HARBOR POINTE AT HARBOR ISLANDS ASSOCIATION. Principal Place of Business Mailing Address 4UUVI T 201 ALHAMBRA CIRCLE, 12TH FLOOR 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Melling Address 980 Harborishat 980 Harbo Suite, Apt. #, etc. 01062006 Chg-NP CR2E037 (11/05) 4. FEI Number 20-0749318 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent e and Address of Current Registered Agent avid Robel, Est. **GETMAN, DENNIS J ESQ.** Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, 12TH FLOOR -CORAL GABLES, FL 33134 121 alhambra Plaza, 10th FL city Coral Gables 8. The above named smith swemits 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 obligation SIGNATURE typed or printed name of registered agent and like if app (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. John Kurzman President D TITLE DO Delete TITLE ☐ Change NUF **GETMAN, DENNIS J** NAME 980 Harbor Island 5 Drive 201 ALHAMBRA CIRCLE, 12TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Delete Addition TITLE TITLE Howard Change MALE KNOTT, STEVEN MINE Islands Dave STREET ADDRESS 201 ALHAMBRA CIRCLE, 12TH FLOOR STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE TITLE Delete MCNAIRY, CHARLES L NAME MALE STREET ADDRESS 201 ALHAMBRA CIRCLE, 12TH FLOOR STREET ADDRESS Haber Islands CITY-ST-7/P CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TILE TITO F ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

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: Da Wyains	2/7/0	6 954-454-1662
SOMMURE AND TRIPET OR PROVIDED HAME OF BINNING OFFICER OR DIRECTOR	/ Date	Daytime Phone #