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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005459 (3)**

1. Corporation Name
HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
255 ALHAMBRA CIRCLE 255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1993** 3a. Date of Last Report **08/10/1994**

4. FEI Number **65-0464338** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GETMAN, DENNIS J
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **MCNAIRY, CHARLES L**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **DV**
NAME **GETMAN, DENNIS J**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **DVS**
NAME **KERRIGAN, JUANITA I**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **DV**
NAME **TANEL, AMIKAM**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **AVT**
NAME **SOPSHIN, JEFFREY A**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **AV**
NAME **WEIDA, RICHARD P**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY- ST- ZIP **CORAL GABLES FL**

11 TITLE **D, E, V** Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE **V, S** Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE **P, D** Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Juanita I. Kerrigan* Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/20/95 (705) 462-7900