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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005459

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

Principal Place of Business 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	Mailing Address 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134
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2. Principal Place of Business 21 201 Alhambra Circle Suite, Apt. #, etc. 22 12th Floor City & State 23 Coral Gables, Florida Zip Country 24 33134 25	2a. Mailing Address 26 201 Alhambra Circle Suite, Apt. #, etc. 27 12th Floor City & State 28 Coral Gables, Florida Zip Country 29 33134 30	3. Date Incorporated or Qualified 12/06/1993	4. FEI Number 65-0464338 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GETMAN, DENNIS J 255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle 83 12th Floor 84 City Coral Gables, FL 85 Zip Code 33134
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCNAIRY, CHARLES L 255 ALHAMBRA CIRCLE CORAL GABLES FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GETMAN, DENNIS J 255 ALHAMBRA CIRCLE CORAL GABLES FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KERRIGAN, JUANITA I 255 ALHAMBRA CIRCLE CORAL GABLES FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZALKIN, HENRY 255 ALHAMBRA CIRCLE CORAL GABLES FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Whalen, Patricia 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV WEIDA, RICHARD P 255 ALHAMBRA CIRCLE CORAL GABLES FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Offenberg, Bernard 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *By: Juanita I. Kerrigan* SIGNATURE REQUIRED: **JUANITA I. KERRIGAN** 4/23/99 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)