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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90164 044 \*\*\*\*70.00

**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**

2. Principal Place of Business

**21 201 Alhambra Circle**

Suite, Apt. #, etc.

**22 12th Floor**

City &amp; State

**23 Coral Gables, Florida**

Zip Country

**24 33134****25**

2a. Mailing Address

**26 201 Alhambra Circle**

Suite, Apt. #, etc.

**27 12th Floor**

City &amp; 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

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE**VD  
MCNAIRY, CHARLES L  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL**TITLE ☐ DELETE**PD  
GETMAN, DENNIS J  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL**TITLE ☐ DELETE**VS  
KERRIGAN, JUANITA I  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL**TITLE ☒ DELETE**T  
ZALKIN, HENRY  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL**TITLE ☐ DELETE**AV  
WEIDA, RICHARD P  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**201 Alhambra Circle 12th Floor  
Coral Gables, Florida 33134**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**201 Alhambra Circle 12th Floor  
Coral Gables, Floirda 33134**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**201 Alhambra Circle 12th Floor  
Coral Gables, Florida 33134**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**T  
Whalen, Patricia  
201 Alhambra Circle 12th Floor  
Coral Gables, Florida 33134**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**201 Alhambra Circle 12th Floor  
Coral Gables, Florida 33134**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**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**

4/23/99

(305) 442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)