

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N93000005459**

1. Entity Name

**HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90085 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

201 ALHAMBRA CIRCLE  
12TH FLOOR  
CORAL GABLES FL 33134

201 ALHAMBRA CIRCLE  
12TH FLOOR  
CORAL GABLES FL 33134-5108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0464338**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GETMAN, DENNIS J**  
**201 ALHAMBRA CIRCLE**  
**12 FLOOR**  
**CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD**  Delete  
NAME: **MCNAIRY, CHARLES L**  
STREET ADDRESS: **201 ALHAMBRA CIRCLE, 12 FLOOR**  
CITY-ST-ZIP: **CORAL GABLES FL**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **PD**  Delete  
NAME: **GETMAN, DENNIS J**  
STREET ADDRESS: **201 ALHAMBRA CIRCLE, 12 FLOOR**  
CITY-ST-ZIP: **CORAL GABLES FL**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **VS**  Delete  
NAME: **KERRIGAN, JUANITA I**  
STREET ADDRESS: **201 ALHAMBRA CIRCLE, 12 FLOOR**  
CITY-ST-ZIP: **CORAL GABLES FL**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **T**  Delete  
NAME: **WHALEN, PATRICIA**  
STREET ADDRESS: **201 ALHAMBRA CIRCLE, 12 FLOOR**  
CITY-ST-ZIP: **CORAL GABLES FL**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **AV**  Delete  
NAME: **WEIDA, RICHARD P**  
STREET ADDRESS: **201 ALHAMBRA CIRCLE, 12 FLOOR**  
CITY-ST-ZIP: **CORAL GABLES FL**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
NAME: **OFFENBERG, BERNARD**  
STREET ADDRESS: **201 ALHAMBRA CIRCLE, 12 FLOOR**  
CITY-ST-ZIP: **CORAL GABLES FL**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

12. 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 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: *By Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)