


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90071 034 \*\*\*\*61.25

<b>DOCUMENT # N93000005459</b>					
1. Entity Name HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 980 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019			Mailing Address 980 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0464338	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGEL, DAVID H ESQ. BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MULCAHY, JAMES R	NAME	John Bilello		
STREET ADDRESS	980 HARBOR ISLANDS DR	STREET ADDRESS	980 Harbor Islands Drive		
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	Hollywood, FL 33019		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BIRDMAN, LOUIS	NAME	John Kurzman		
STREET ADDRESS	980 HARBOR ISLANDS DR	STREET ADDRESS	980 Harbor Islands Drive		
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	Hollywood, FL 33019		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, CAROL	NAME	Ray Graziatto		
STREET ADDRESS	980 HARBOR ISLANDS DR	STREET ADDRESS	980 Harbor Islands Drive		
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	Hollywood, FL 33019		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUTKIN, KEVIN	NAME	Tom Shephard		
STREET ADDRESS	980 HARBOR ISLANDS DR	STREET ADDRESS	980 Harbor Islands Drive		
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	Hollywood, FL 33019		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORDON, MEL	NAME			
STREET ADDRESS	980 HARBOR ISLANDS DR	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAPOPORT, WILLIAM	NAME			
STREET ADDRESS	980 HARBOR ISLANDS DR	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP			
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: <u>Carol Brown, Secretary</u> 1/10/07 (954) 454-1662					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	