


FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90010 024 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000005459 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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0464338		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGEL, DAVID H ESQ. BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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. 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>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input type="checkbox"/> Delete NAME MULCAHY, JAMES R STREET ADDRESS 980 HARBOR ISLANDS DR CITY-ST-ZIP HOLLYWOOD, FL 33019	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE VP <input type="checkbox"/> Delete NAME BIRDMAN, LOUIS STREET ADDRESS 980 HARBOR ISLANDS DR CITY-ST-ZIP HOLLYWOOD, FL 33019	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE S <input type="checkbox"/> Delete NAME BROWN, CAROL STREET ADDRESS 980 HARBOR ISLANDS DR CITY-ST-ZIP HOLLYWOOD, FL 33019	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE T <input type="checkbox"/> Delete NAME GUTKIN, KEVIN STREET ADDRESS 980 HARBOR ISLANDS DR CITY-ST-ZIP HOLLYWOOD, FL 33019	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE D <input checked="" type="checkbox"/> Delete NAME GORDON, MEL STREET ADDRESS 980 HARBOR ISLANDS DR CITY-ST-ZIP HOLLYWOOD, FL 33019	TITLE DAVID KRONRAD D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 980 Harbor Islands Dr CITY-ST-ZIP Hollywood FL 33019	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE D <input checked="" type="checkbox"/> Delete NAME RAPOPORT, WILLIAM STREET ADDRESS 980 HARBOR ISLANDS DR CITY-ST-ZIP HOLLYWOOD, FL 33019	TITLE Stuart Socol D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 980 Harbor Islands Dr. CITY-ST-ZIP Hollywood FL 33019	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ 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 info empowered.			
SIGNATURE: _____ KEVIN GUTKIN 01-04-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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