## 19300005459

(Red	questor's Name)		
(Add	dress)		
. (Add	dress)		
(City	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
· (Bu	siness Entity Nai	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			





300159171613

08/10/09--01030--021 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RARD (1)8 (1)31/09

## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: Harbor Islands Property Owners' Association, Inc.				
	Name of C	orporation		
DOCUMENT NUM	BER: N93	000005459		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Dana S			
	Name of Co	ntact Person		
•				
	Harbor Islands Property ( Firm/Co	Owners' Association, Inc.		
	Filtipot	miqxaty		
980 Harbor Islands Drive				
***	Add			
	Hallwand	FI 33019		
Hollywood, FL 33019 City/State and Zip Code				
	hina a @aar	nonet not		
	hipoa@cor mail address: (to be used for t	uture annual report notification)		
D man address. (so oo asoo ts: tarate assume report assume				
For further information concerning this matter, please call:				
Da	ana S.Aliman	at ( 954 ) 454-1662  Area Code & Daytime Telephone Number		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (8/05)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2009

DANA S. ALTMAN HARBOR ISLANDS PROPERTY OWNER'S 980 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019

SUBJECT: HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC. Ref. Number: N93000005459

We have received your document for HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 609A00027650

MECETY C. 1.

MOS AUG 27 AM 8: 00

SECRETARY OF STATE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida change is submitted for a corporation organized under the laws of the State of rder to change its registered office or registered agent, or both, in the State of	Florida
1. The name of	of the corporation: Harbor Islands Property Owners' Asso	ociation, Inc.
	pal office address: 980 Harbor Islands Drive	
3. The mailing a	ng address (if different):	
4. Date of incorp	corporation/qualification: 12/06/1993 Document number: N930	00005459
	and street address of the current registered agent and registered office on file wepartment of State:	ith the
	David Rogel, Esquire	
	BECKER & POLIAKOFF, P.A., Suite 100	
	121 Alhambra Plaza, Coral Gables, FL 33134	- - 40
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered of i):	
	NRAI Services, Inc.	AHASSEE, FC
	2731 Executive Park Drive, Suite 4	宝 三
	(P.O. Box NOT acceptable)	
	Weston, FL 33331	_ 38
The street address changed will	dress of its registered office and the street address of the business office of vill be identical.	
Such change wa authorized by the	was authorized by esolution duly adopted by its board of directors or by a y the board, or the corporation has been notified in writing of the change.	n officer so
(Stanati	Kevin Gutkin, Treasurer  (Printed or typed name and	d fitta)
	ept the appointment as registered agent and agree to act in this capacity, ee to comply with the provisions of all statutes relative to the proper and co and I am familiar with and accept the obligation of my position as register being filed merely to reflect a change in the registered office address. I here has been notified in writing of this change.  NRAI Services, Inc.	,
By: Mast Th	Thrus 80 20 200 (Signature of Registered Agent) (Date)	7
If signing on be	behalf of an entity:	
Matt Thoma	moson. Assistant Secretary	

\* \* \* FILING FEE: \$35.00 \* \* \*

(Typed or Printed Name)