

# N93000005459

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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JUL 27 2018  
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*RA Change*

AUG 10 2018  
D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Harbor Islands Property Owners' Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 93 N000005459

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:

Fran Madley  
Name of Contact Person  
Harbor Islands POA  
Firm/Company  
980 Harbor Islands Drive  
Address  
Hollywood, FL 33019  
City/State and Zip Code  
hipoa2@comcast.net  
E-mail address: (to be used for future annual report notification)

RECEIVED  
DEPARTMENT OF STATE  
CORPORATION REGISTRATION  
MAY 19 10 19 1999

For further information concerning this matter, please call:

Fran Madley at (954) 454-1662  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2018

FRAN MADLEY  
HARBOR ISLANDS POA  
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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 218A00015767

RECEIVED  
18 AUG - 9 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Harbor Islands Property Owners' Association, Inc.
2. The principal office address: 980 Harbor Islands Drive, Hollywood, FL 33019
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/11/96 Document number: N000005459
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.  
1200 South Pine Island Road, Suite 250  
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

\_\_\_\_\_  
\_\_\_\_\_  
...: Gerard Bensadon  
\_\_\_\_\_  
P.O. Box NOT acceptable  
980 Harbor Islands Drive, Hollywood, FL 33019

FILED  
STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
APR 11 1996

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director Louis Birdman, President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent 7/24/18  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)