

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004620  
1. Corporation Name

HARBORSIDE AT HARBOR ISLANDS ASSOCIATION, INC.

Principal Place of Business  
255 ALHAMBRA CIRCLE  
8TH FLOOR  
CORAL GABLES, FL 33134

Mailing Address  
P.O. BOX 526000  
MIAMI, FL 33152

3. Date Incorporated or Qualified 09/28/95  
3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt #, etc	Suite, Apt #, etc	27	65-0648101	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25			30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GETMAN, DENNIS J.  
255 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAIRY, CHARLES L.	1.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS J.	2.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	2.4 CITY - ST - ZIP	
TITLE	SVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA I.	3.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANEL, AMIKAM	4.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPSHIN, JEFFREY A.	5.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	5.3 STREET ADDRESS	900001852289
CITY - ST - ZIP	CORAL GABLES, FL 33134	5.4 CITY - ST - ZIP	-06/05/96--01093--007
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Juanita I. Kerrigan, VP/Secretary/Director Date: 4/30/96 (305) 442-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JUANITA I. KERRIGAN Daytime Phone #

CR2E037 (12/95)