

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

0001986

**DOCUMENT # N99000003620**

1. Entity Name

**HARBORVIEW AT HARBOR ISLANDS ASSOCIATION, INC.**

04-23-2001 90211 028 \*\*\*\*61.25

Principal Place of Business 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134	Mailing Address 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0939163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GETMAN, DENNIS J</b> 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GETMAN, DENNIS J</b> 201 ALHAMBRA CIRCLE CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KERRIGAN, JUANITA I</b> 201 ALHAMBRA CIRCLE CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Vice President and Secretary</del> <sup>VSD</sup> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MCAIRY, CHARLES L</b> 201 ALHAMBRA CIRCLE CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Executive Vice President</del> <sup>VD</sup> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>WNALEN, PATRICIA</b> 201 AINAMBRA CIR 12TH FL MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Whalen, Patricia</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AV</b> <input type="checkbox"/> Delete <b>WEIDA, RICHARD P</b> 201 AINAMBRA CIR 12TH FL MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Knott, Steve</b> 201 AINAMBRA Circle - 12th Floor Coral Gables, FL 33134

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patricia Whalen* **Patricia Whalen, Treasurer for the Association** Date **4/16/01** Daytime Phone # **305-443-7000**

CR2E037 (10/00)