

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

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

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1. Entity Name

HARBORVIEW AT HARBOR ISLANDS ASSOCIATION, INC.

Principal Place of Business

201 ALHAMBRA CIRCLE  
12TH FLOOR  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE  
12TH FLOOR  
CORAL GABLES FL 33134

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

65-0939163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GETMAN, DENNIS J  
201 ALHAMBRA CIRCLE  
12TH FLOOR  
CORAL GABLES FL 33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME GETMAN, DENNIS J  
STREET ADDRESS 201 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME President PD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KERRIGAN, JUANITA I  
CITY-ST-ZIP 201 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME ~~Vice President and Secretary~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCNAIRY, CHARLES L  
CITY-ST-ZIP 201 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME ~~Executive Vice President~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS WNALEN, PATRICIA  
CITY-ST-ZIP 201 AINAMBRA CIR 12TH FL  
MIAMI FL 33134

TITLE ☒ Change ☐ Addition  
NAME whalen, Patricia  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME AV  
STREET ADDRESS WEIDA, RICHARD P  
CITY-ST-ZIP 201 AINAMBRA CIR 12TH FL  
MIAMI FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Vice-President  
STREET ADDRESS Knott, Steve  
CITY-ST-ZIP 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, Treasurer for the Association*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-  
443-  
7000

CR2E037 (10/00)