

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90063 046 \*\*\*\*70.00

**DOCUMENT # N00000006725**

1. Entity Name

**ADMIRAL'S COVE TOWNHOMES AT HARBOR ISLANDS ASSOC**

Principal Place of Business

Mailing Address

201 ALHAMBRA CIR., 12TH FLOOR  
 CORAL GABLES FL 33134

201 ALHAMBRA CIR., 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

65-1057071

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**GETMAN, DENNIS J ESQ**  
**201 ALHAMBRA CIR., 12TH FLOOR**  
**CORAL GABLES FL 33134**

8. The above named entity submits this statement for the purpose of changing its re-registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES ARE \$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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **GETMAN, DENNIS J**  
 CITY-ST-ZIP **201 ALHAMBRA CIR., 12TH FLOOR**  
**CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **KNOTT, STEVEN**  
 CITY-ST-ZIP **201 ALHAMBRA CIR., 12TH FLOOR**  
**CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MCAIRY, CHARLES L**  
 CITY-ST-ZIP **201 ALHAMBRA CIR., 12TH FLOOR**  
**CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **Whalen, Pat**  
 CITY-ST-ZIP **201 Alhambra Cir., 12th Floor**  
**Coral Gables, FL 33134**

TITLE ☐ Delete  
 NAME **VS**  
 STREET ADDRESS **Kerrigan, Juanita I.**  
 CITY-ST-ZIP **201 Alhambra Circle, 12th Floor**  
**Coral Gables, FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
 NAME **DV**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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 data empowered.

SIGNATURE: **Dennis J. Getman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/01 305-444-7000**

Date

Daytime Phone #

CR2E037 (10/00)