

FILED  
May 29, 2002 8:00 am  
Secretary of State

04-16-2002 90174 039 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003620  
1. Entity Name  
HARBORVIEW AT HARBOR ISLANDS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE  
12TH FLOOR 12TH FLOOR  
CORAL GABLES FL 33134 CORAL GABLES FL 33134

2. Principal Place of Business 3. Mailing Address  
960 Harbor Islands Drive 960 Harbor Islands Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Hollywood Hollywood  
Zip 33019 Country USA Zip 33019 Country USA



DO NOT WRITE IN THIS SPACE

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: Becker & Potrafkoff P.A.  
Street Address (P.O. Box Number is Not Acceptable): 5001 Blue Lagoon Drive - Suite #100  
Attn: David Rogel, Esq.  
City: Miami FL Zip Code: 33126

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] Elizabeth West, Secretary 3/31/02  
Signature of officer or director or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25  
GL#50050

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: PD NAME: GETMAN, DENNIS J STREET ADDRESS: 201 ALHAMBRA CIRCLE CITY-ST-ZIP: CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete
TITLE: VSD NAME: KERRIGAN, JUANITA I STREET ADDRESS: 201 ALHAMBRA CIRCLE CITY-ST-ZIP: CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: MCNAIRY, CHARLES L STREET ADDRESS: 201 ALHAMBRA CIRCLE CITY-ST-ZIP: CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: WHALEN, PATRICIA STREET ADDRESS: 201 ALHAMBRA CIR 12TH FL CITY-ST-ZIP: MIAMI FL 33134	<input checked="" type="checkbox"/> Delete
TITLE: AV NAME: WEIDA, RICHARD P STREET ADDRESS: 201 ALHAMBRA CIR 12TH FL CITY-ST-ZIP: MIAMI FL 33134	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: KNOTT, STEVE STREET ADDRESS: 201 ALHAMBRA CIRCLE 12TH FLOOR CITY-ST-ZIP: CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT NAME: Leonard Del Percio D STREET ADDRESS: 960 Harbor Islands Drive CITY-ST-ZIP: Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE-PRESIDENT NAME: Jonathan Fox STREET ADDRESS: 960 Harbor Islands Drive CITY-ST-ZIP: Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SECRETARY/TREASURER NAME: Elizabeth West STREET ADDRESS: 960 Harbor Islands Drive CITY-ST-ZIP: Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: [ ] NAME: [ ] STREET ADDRESS: [ ] CITY-ST-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] SECRETARY REQUIRED, Elizabeth West 3/31/02 954-454-1662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)