

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000493

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** HARBOR POINTE AT HARBOR ISLANDS ASSOCIATION, INC.

**Current Principal Place of Business:**

980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 20-0749318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRLD, INC. - LISA LERNER, ESQ.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ZEIKOWITZ, WARREN  
**Address:** 980 HARBOR ISLANDS DR  
**City-St-Zip:** HOLLYWOOD, FL 33019

**Title:** VPD  
**Name:** BEHAR, ROBIN  
**Address:** 980 HARBOR ISLANDS DR  
**City-St-Zip:** HOLLYWOOD, FL 33019

**Title:** STD  
**Name:** NARANJO, JULIAN DR.  
**Address:** 980 HARBOR ISLANDS DR  
**City-St-Zip:** HOLLYWOOD, FL 33019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WARRREN ZEIKOWITZ

PD

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date