

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90331 039 \*\*\*\*61.25

**DOCUMENT # N00000006725**

1. Entity Name

**ADMIRAL'S COVE TOWNHOMES AT HARBOR ISLANDS ASSOCIATION, INC.**



Principal Place of Business

**960 HARBOR ISLANDS DRIVE  
HOLLYWOOD FL 33019**

Mailing Address

**960 HARBOR ISLANDS DRIVE  
HOLLYWOOD FL 33019**

**10013710**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**GETMAN, DENNIS J ESQ  
201 ALHAMBRA CIR., 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

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **T** ☐ Delete  
NAME **HALEN, PATRICIA**  
STREET ADDRESS **201 ALHAMBRA CIR., 12TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ Delete  
NAME **KERRIGAN, JUANITA I**  
STREET ADDRESS **201 ALHAMBRA CIR., 12TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **AVP** ☐ Delete  
NAME **WEIDA, RICHARD P**  
STREET ADDRESS **201 ALHAMBRA CIRCLE, 12TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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 like empowered.

SIGNATURE:

SIGNATURE MUST BE PRINTED OR TYPED BY THE REGISTERED AGENT OR DIRECTOR

**01/23/03**

**305-442-7000**

CR2E037 (10/02)