

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005459

**Entity Name:** HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 14, 2017**  
**Secretary of State**  
**CC2024279843**

**Current Principal Place of Business:**

980 HARBOR ISLANDS DRIVE  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

980 HARBOR ISLANDS DRIVE  
HOLLYWOOD, FL 33019

**FEI Number: 65-0464338**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
SUITE 250  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BIRDMAN, LOUIS R  
Address        980 HARBOR ISLANDS DR  
City-State-Zip: HOLLYWOOD FL 33019

Title            VP  
Name            BROWN, CAROL  
Address        980 HARBOR ISLANDS DR  
City-State-Zip: HOLLYWOOD FL 33019

Title            SECRETARY  
Name            BENSADON, GERARD  
Address        980 HARBOR ISLANDS DR  
City-State-Zip: HOLLYWOOD FL 33019

Title            TREASURER  
Name            GUTKIN, KEVIN  
Address        980 HARBOR ISLANDS DR  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            CRAWFORD, KEN  
Address        980 HARBOR ISLANDS DR  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            ZEIKOWITZ, WARREN  
Address        980 HARBOR ISLANDS DR  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            GREEN, AMANDA  
Address        980 HARBOR ISLANDS DRIVE  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            STUDNIK, SHANI DR.  
Address        980 HARBOR ISLANDS DRIVE  
City-State-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: LOUIS BIRDMAN**

**PRESIDENT**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date