2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

ANNUAL REPORT				Secretary of State
DOCUMENT # N0000006722 1. Entity Name ADMIRAL'S COVE ESTATES AT HARBOR ISLANDS ASSOCIATION, INC.				03-29-2004 90088 024 ****61.25
Principal Place of Business 201 ALHAMBRA CIR., 12TH FLOOR CORAL CABLES, FL 33134 Mailing Address 201 ALHAMBRA CIR., 12TH FLOOR CORAL CABLES, FL 33134				0,0000
2. Principal Place of Business 960 Harby 15lands Drive			ane	
Suite, Apt. #, etc. Suite, Apt. #,				03122004 Chg-NP CR2E037 (10/03)
City & State	Hollywood	Fity & State	<u> </u>	4. FEI Number Applied For 65-1057069 Not Applicable
Zip 3 30 K Country Zi		Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent
GETMAN, DENNIS JESO. 201 ALHAMBRA CIR., 12TH FLOOR CORAL GABLES, FL 33134 Strephysical Strephys				Becker & Poliar off Gross (PD. Boyn Imberta Drive, ESP. OI Blue Lagoon Drive, Suite 100
			iami FL zigozielo	
8. The above named entity subfinits if is 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.				
3126/04				
SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be				\$5.00 May Be Make check payable to Florida Department of State
10.	OFFICERS AND DIREC		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS	PD GETMAN, DENNIS J 201 ALHAMBRA CIR., 12TH FLOO	Delete	TITLE NAME STREET ADDRESS	President Kevin Gutkin 960 Harbor (slands Dive
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Hollywood, FL 33019
TITLE NAME	D KNOTT, STEVEN	Delete	TITLE NAME	Mark Finkelskin
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12TH FL CORAL GABLES, FL 33134		STREET ADDRESS CITY-ST-ZIP	940 Harbor Islands Drive Hollywood IFL 33019
TITLE	DV	Delete		Secretary/Treasurer Actinge - Addition
NAME STREET ADDRESS	MCNAIRY, CHARLES L 201 ALHAMBRA CIR., 12TH FLOO	R	NAME STREET ADDRESS	Jean Coher John Drive
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	470/19140001, 1°C 33011
TITLE NAME	T WHALEN, PAT	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	201 ALHAMBRA CIR., 12TH FLR CORAL GABLES, FL 33134		STREET ADDRESS CITY-ST-ZIP	DECEIVED
TITLE	VS	Delete	TITLE	
NAME - STREET ADDRESS	KERRIGAN, JUANITA I 201 ALHAMBRA CIR., 12TH FLR	/\	NAME Street address	MAR 1 2 2004
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE NAME		Delete	, TITLE NAME	Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	10000
CITY-ST-ZIP			CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,

12. I hereby certify that the information supplied with this filling 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 facturate 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 empty direct 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 of the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR DENTED NAME OF SIGNING OFFICER OR DIRECTOR

Keyn Guticin, President