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

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90163 034 ****61.25

DOCUMENT # N00000006225

1. Entity Name
Admiral's Cove Tawnhomes at Harbor Islands Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
960 Harbor Islands Drive	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Florida	City & State
Zip: 33019 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1057071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dennis J. Getman
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle 12th Floor
City: Coral Gables FL Zip Code: 33134

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	President, DIRECTOR	TITLE	
NAME	Dennis J. Getman	NAME	
STREET ADDRESS	201 Alhambra Circle - 12th Fl.	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	CITY-ST-ZIP	
TITLE	Executive Vice-President, D	TITLE	
NAME	Charles McNairy	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VICE-PRESIDENT, DIRECTOR	TITLE	
NAME	Steven Knott	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	SECRETARY	TITLE	
NAME	Juanita I. Kernan	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ASST. VICE-PRESIDENT	TITLE	
NAME	Richard P. Weida	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TREASURER	TITLE	
NAME	Patricia Whalen	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Whalen PATRICIA Whalen 4/4/02 (305) 442-7000