

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 ESO
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 **VALEN, 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

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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:

Dennis J. Getman
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

01/23/03

305-442-7000

CR2E037 (10/02)