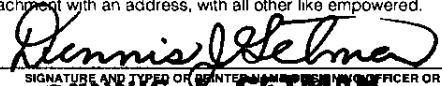


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90039 009 ****61.25

DOCUMENT # N93000005459					
1. Entity Name HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent GETMAN, DENNIS J 201 ALHAMBRA CIRCLE 12 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					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐		10. \$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MCAIRY, CHARLES L			NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	GETMAN, DENNIS J			NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
TITLE	VS	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	KERRIGAN, JUANITA I			NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
TITLE	T	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	WHALEN, PATRICIA			NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
TITLE	AV	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	WEIDA, RICHARD P			NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	KNOTT, STEVE			NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FLOOR			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			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: 				03/25/04 305-442-7000	
DENNIS J. GETMAN President				Date Daytime Phone #	

33064338



03122004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0464338

Applied For
Not Applicable

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

