# 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 | Mailing Address |
|---|---|
| 201 ALHAMBRA CIRCLE<br>12TH FLOOR<br>CORAL GABLES, FL 33134 | 201 ALHAMBRA CIRCLE<br>12TH FLOOR<br>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 |

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GETMAN, DENNIS J<br>201 ALHAMBRA CIRCLE<br>12 FLOOR<br>CORAL GABLES, FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MCNAIRY, CHARLES L<br>201 ALHAMBRA CIRCLE, 12 FLOOR<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GETMAN, DENNIS J<br>201 ALHAMBRA CIRCLE, 12 FLOOR<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>KERRIGAN, JUANITA I<br>201 ALHAMBRA CIRCLE, 12 FLOOR<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WHALEN, PATRICIA<br>201 ALHAMBRA CIRCLE, 12 FLOOR<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AV<br>WEIDA, RICHARD P<br>201 ALHAMBRA CIRCLE, 12 FLOOR<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KNOTT, STEVE<br>201 ALHAMBRA CIRCLE 12TH FLOOR<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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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 03/25/04 305-442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
DENNIS J. GETMAN
President