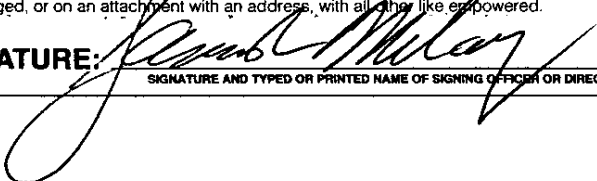


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90011 028 ****61.25

DOCUMENT # N93000005459 1. Entity Name HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019			Mailing Address 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
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 ROGEL, DAVID H ESQ. BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 MCNAIRY, CHARLES L 201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James R. Mulcahy 960 Harbor Islands Drive Hollywood, FL 33019	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GETMAN, DENNIS J 201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Steve Goodman 960 Harbor Islands Dr Hollywood, FL 33019	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carol Brown 960 Harbor Islands Dr. Hollywood, FL 33019	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHALEN, PATRICIA 201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kevin Gutkin 960 Harbor Islands Dr. Hollywood, FL 33019	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV WEIDA, RICHARD P 201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mel Gordon 960 Harbor Islands Dr. Hollywood, FL 33019	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOTT, STEVE 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gary Vanikitis 960 Harbor Islands Dr. Hollywood, FL 33019	☐ Change ☒ Addition
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: 			1/5/05 954-454-1662		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N93000005459					
1. Entity Name HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019			Mailing Address 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052005 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		
ROGEL, DAVID H ESQ. BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134			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 _____ <i>Continuation</i> _____ 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, 2005		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	VD	☒ Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	MCNAIRY, CHARLES L		NAME	Director ☒ Change ☐ Addition Dennis J. Getman	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR		STREET ADDRESS	201 Alhambra Circle, 12 Floor Coral Gables, FL 33134	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	PD	☐ Delete	TITLE	Director ☐ Change ☒ Addition Raymond Graziotto	
NAME	GETMAN, DENNIS J		NAME	630 Maplewood Dr. Jupiter, FL 33458	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					