## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N93000005459



T. Entity Name HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION, INC.					01-26-2005 90011 028 ****61.25			
Principal Place of Business 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019  Mailing Address 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019						MONTH BOLDS BANG RINGS OWER S	Tälisk bi litti	
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (10/03)		
City & State		City & State			4. FEI Number 65-0464338			
Zip	Country	Zip	Country	5. Certificate	5. Certificate of Status Desired Sa.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent		
				Name				
ROGEL, DAVID H ESQ. BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FLOOR			Street A	Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES, FL 33134								
			City	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								
Filing Fee is \$61.25 9. Election Cam Due by May 1, 2005 Trust Fund Co			npaign Financing Contribution.	□ \$5.00 May B Added to Fees	-	ake check payable da Department of S		
10.	OFFICERS AND DIE	RECTORS	11.			RS AND DIRECTORS I	N 10	
TITLE	VD	Delete	TITLE	President		☐ Change	Addition	
NAME	MCNAIRY, CHARLES L	20D	NAME	James K.	mullar	14 Drive		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1900 HOU DO!				
TITLE	PD	Delete	TITLE	Vice-Presi	dent	☐ Change	Addition	
NAME	GETMAN, DENNIS J	Delete	NAME		$A \omega \alpha \alpha \alpha \gamma$		A	
STREET ADDRESS				ET ADDRESS GIOD HOURDON ISLAMAS DI				
CITY-ST-ZIP	CORAL GABLES, FL 33134			ST-ZP Hollywood, FC 33019				
TITLE	vs	Delete	TITLE	Secretary	Y	☐ Change	Addition	
NAME CTRCCT ADDRESS	KERRIGAN, JUANITA I	7.0P	NAME STREET ADDRESS	Carol Brow	ori Tolands	Dr.		
STREET ADDRESS City-St-ZIP				Hollywood	El 3301	9		
TITLE	т -	Delete	TITLE	Treasure		☐ Change	Addition	
NAME	WHALEN, PATRICIA	About	NAME	1	-ki-		,	
STREET ADDRESS				quo Harbo	L 7210010	יזכו צו		
CITY- <u>J</u> ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	HOI 1/1 MOOD	, FL 330	<u> </u>		
TITLE	AV	<b>▼</b> Delete	TITLE	Director	<b>~</b> ^	☐ Change	X\ddition	
NAME STREET ADDRESS	WEIDA, RICHARD P   201 ALHAMBRA CIRCLE, 12 FLI	nor	NAME Street Address	Mel Gord	c Tsland	s Dr.	•	
CITY-ST-ZIP	CORAL GABLES, FL 33134	5610	CITY-ST-ZIP	Hornwood,	FL 330	19		
TITLE	VD	Delete	TITUE	Director.	4 > 4 >	Change	ddition	
NAME	KNOTT, STEVE		NAME	Garyvani	KITIUS		~~	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH I	LOOR	STREET ADDRESS	960 Harb	2 To low	US UY,		
	l							
CITY-ST-ZIP	CORAL GABLES, FL 33134 certify that the information supplied with		CITY-ST-ZIP	Hollywood				

CEA OR DIRECTOR

## • 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N93000005459** HARBOR ISLANDS PROPERTY OWNERS' ASSOCIATION. 40006811 Principal Place of Business Mailing Address 960 HARBOR ISLANDS DRIVE 960 HARBOR ISLANDS DRIVE HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0464338 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGEL, DAVID H ESQ Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134 City 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 DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE VD Delete tπiF Director. Change ☐ Addition Dennis J. Getman 201 Alhambra Circle, 12 Floor MCNAIRY, CHARLES L NAME NAME STREET ADDRESS 201 ALHAMBRA CIRCLE, 12 FLOOR STREET ADDRESS CORAL GABLES, FL 33134 Coral Gables FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Director Defete Addition Raymond Graziotto GETMAN, DENNIS J NAME NAME 630 Maplewood Dr. Jupiter FL 33458 201 ALHAMBRA CIRCLE, 12 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME KERRIGAN, JUANITA I NAME 201 ALHAMBRA CIRCLE, 12 FLOOR STREET ADDRESS STREET ADDRESS CORÂL GABLES, FL 33134 CITY-ST-ZIF CITY-ST-ZP TITLE Delete ~ 🔲 Charige ☐ Addition WHALEN, PATRICIA NAME NAME 201 ALHAMBRA CIRCLE, 12 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ΑV Delete TITLE ☐ Channe ☐ Addition WEIDA, RICHARD P NAME NAME STREET ADDRESS 201 ALHAMBRA CIRCLE, 12 FLOOR STREET ADORESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE νn Delete TITLE ☐ Change ☐ Addition KNOTT, STEVE NAME NAME STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7IP 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 charged, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

Date

Daytime Phone #