

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N95000000386  
1. Corporation Name

**HARBOR ESTATES AT HARBOR ISLANDS ASSOCIATION, INC.**

Principal Place of Business  
**255 ALHAMBRA CIRCLE**  
**8th FLOOR**  
**CORAL GABLES, FL 33134**

Mailing Address  
**P.O. BOX 526000**  
**MIAMI, FL 33152**

**3.** Date Incorporated or Qualified **01/26/95** **3a.** Date of Last Report

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>4.</b> FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>21</b> Suite, Apt #, etc	<b>26</b> Suite, Apt #, etc	<b>5.</b> Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b> City & State	<b>27</b> City & State	<b>6.</b> Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>23</b> Zip	<b>28</b> Zip	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>24</b> Country	<b>29</b> Country		

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>GETMAN, DENNIS J.</b> <b>255 ALHAMBRA CIRCLE</b> <b>CORAL GABLES, FL 33134</b>	<b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>MCAIRY, CHARLES L.</b> 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD <b>GETMAN, DENNIS J.</b> 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	12 NAME	
STREET ADDRESS	V <b>TANEL, AMIKAM</b> 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	13 STREET ADDRESS	
CITY-ST-ZIP	DSV <b>KERRIGAN, JUANITA I.</b> 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	T <b>SOPSHIN, JEFFREY A.</b> 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

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**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Juanita I. Kerrigan, Secretary/VP/Director* **4/30/96** (305) 442-7000  
DATE DAYTIME PHONE #  
**JUANITA I. KERRIGAN**

CR2E037 (12/95)