DOCUMENT # N95000000386



FILED Feb 06, 2006 8:00 am Secretary of State

1. Entity Name THE ESTATES AT HARBOR ISLANDS ASSOCIATION, INC.							02-06-2006	90071 0	37 ****6	1.25	
	e of Business R ISLANDS DR I, FL 33019	960 Ĥ	Address IARBOR ISLANDS NYOOD, FL 3301		<u> </u>						
	race of Business rboy Islands Dr	980	ng Address Harboy e, Apt. #, etc.	Isla	unds I	01052006					
City & Stat	h .		& State		·····	4. FEI Numbe	Chg-NP	UKZEU	37 (11/05)	oplied For	
Holly	wood, PC	Holly	iwood,	PC		65-067			No	ot Applicable	
33019	Country		219	Col	untry	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent					
	POLIAKOFF P. A.					(20 2- North	*				
	VID KOGEL ESQ MBRA PLAZA STE 1000				Street Actor	ress (P.O. Box Numbe	H IS NOT ACCEPTABLE	e)			
CORAL G	ABLES, FL 33134										
					City			FL	Zip Cod	e	
	named entity submits this statement for tions of registered agent.	for the purpo	se of changing its	register	ed office or rec	gistered agent, or bot	h, in the State of Fl	orida. I am	familiar with,	and accept	
"											
SIGNATURE	Signature, typed or printed name of registered ages	a and title if applic	cable (NOT	T: Danier		aquired when renstating)		DATE			
				C. reguesta		-41-4011-14-0210					
-	Filing Fee is \$61.25	<u>-</u>	9. Election Can		·				k payable t	<u> </u>	
	Filing Fee is \$61.25 Due by May 1, 2006		······································	mpaign F	inancing _	\$5.00 May B		lake chec	k payable t		
10.	OFFICERS AND DI		9. Election Can Trust Fund C	mpaign F Contribut	Financing tion.	\$5.00 May B Added to Fees		take chec rida Depar	RECTORS IN	tate	
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12. I hereby certify that the information applied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier eport 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 fusite 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: