
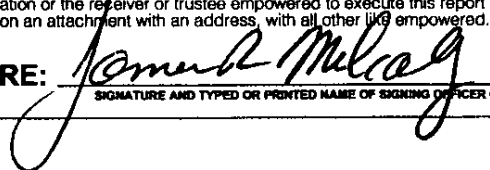


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90065 023 \*\*\*\*61.25

<b>DOCUMENT # N95000000386</b>		
1. Entity Name <b>THE ESTATES AT HARBOR ISLANDS ASSOCIATION, INC.</b>		
Principal Place of Business <b>980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019</b>	Mailing Address <b>980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF P. A. ATTN: DAVID KOGELO ESQ 121 ALHAMBRA PLAZA STE 1000 CORAL GABLES, FL 33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STUDNIK, SHANI 980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MENDAL, DAVID 980 HARBOR ISLANDS DR. HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MULCAHY, JAMES 980 HARBOR ISLANDS DR HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied 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 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: 		1/22/07 (954) 454-11662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #