

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000000386**

1. Entity Name  
**THE ESTATES AT HARBOR ISLANDS ASSOCIATION,  
INC.**



Principal Place of Business  
**980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019**

Mailing Address  
**980 HARBOR ISLANDS DR  
HOLLYWOOD, FL 33019**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0677842**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BECKER & POLIAKOFF P. A.  
ATTN: DAVID KOGL ESQ  
121 ALHAMBRA PLAZA STE 1000  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000814152  
02/13/08-80033-001 61.25

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-800