


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002481 (8)**

1. Corporation Name

SEAWINDS TOWNHOMES AT HARBOR ISLANDS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**255 ALHAMBRA CIRCLE
8TH FLOOR
CORAL GABLES FL 33134**

**P.O. BOX 526000
MIAMI FL 33152**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1995		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 P.O. Box 026000		4. FEI Number 65-0648104		Applied For Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State		28 Miami, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip		25 Country		29 Zip		30 Country	
				33102			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GETMAN, DENNIS J
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS J	1.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KERRIGAN, JAUNITA I	2.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCA NAIRY, CHARLES L	3.2 NAME	MCA NAIRY, CHARLES L.
STREET ADDRESS	255 ALHAMBRA CIRCLE	3.3 STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ZALKIN, HENRY
STREET ADDRESS		4.3 STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)