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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90164 048 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000002481**

1. Corporation Name

**REGATTA TOWNHOMES AT HARBOR ISLANDS ASSOCIATION, INC.**

Principal Place of Business

255 ALHAMBRA CIRCLE  
8TH FLOOR  
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 026000  
MIAMI FL 33102  
US



2. Principal Place of Business

21 201 Alhambra Circle

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 12th Floor

27 Suite, Apt. #, etc.

City & State

23 Coral Gables, Florida

City & State

28

Zip

24 33134

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0648104

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

GETMAN, DENNIS J  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
201 Alhambra Circle

83 12th Floor

84 City

Coral Gables

FL

85 Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
V.D. GETMAN, DENNIS J  
STREET ADDRESS  
255 ALHAMBRA CIRCLE  
CITY-ST-ZIP  
CORAL GABLES FL

TITLE ☐ DELETE

NAME  
V.S.D. KERRIGAN, JAUNITA I  
STREET ADDRESS  
255 ALHAMBRA CIRCLE  
CITY-ST-ZIP  
CORAL GABLES FL

TITLE ☐ DELETE

NAME  
P.D. MCNAIRY, CHARLES L  
STREET ADDRESS  
255 ALHAMBRA CIR.  
CITY-ST-ZIP  
CORAL GABLES FL

TITLE ☒ DELETE

NAME  
T. ZALKIN, HENRY  
STREET ADDRESS  
225 ALHAMBRA CIR.  
CITY-ST-ZIP  
CORAL GABLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

201 Alhambra Circle 12th Floor  
Coral Gables, Florida 33134

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

201 Alhambra Circle 12th Floor  
Coral Gables, Florida 33134

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

201 Alhambra Circle 12th Floor  
Coral Gables, Florida 33134

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T  
Whalen, Patricia  
201 Alhambra Circle 12th Floor  
Coral Gables, Florida 33134

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *By: Jaunita I. Kerrigan* SIGNATURE REQUIRED: *Jaunita I. Kerrigan*

4/23/99

(305) 442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0081224

CR2E037 (11/98)