## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 11, 2001 8:00 am Secretary of State DOCUMENT # N9500002481 1. Entity Name REGATTA TOWNHOMES AT HARBOR ISLANDS ASSOCIATION. 05-11-2001 90063 043 \*\*\*\*70.00 Mailing Address Principal Place of Business 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE 12 FLOOR 12 FLOOR CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0648104 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired X 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GETMAN, DENNIS J 201 ALHAMBRA CIRCLE **12 FLOOR** Zip Code City **CORAL GABLES FL 33134** 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ۷Ď TITI F Change ☐ Delete TIT! F GETMAN, DENNIS J NAME NAME STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIRCLE, 12 FLOOR CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP Change ☐ Addition **VSD** ☐ Delete TITLE TITLE KERRIGAN, JAUNITA I NAME NAME 201 ALHAMBRA CIRCLE, 12 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** ☐ Change ☐ Addition PD TITLE ☐ Delete TITLE MCNAIRY, CHARLES L NAME NAME STREET ADDRESS 201 ALHAMBRA CIRCLE, 12 FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** Change ☐ Addition ☐ Delete TITLE TITLE WHALEN, PATRICIA NAME NAME 201 ALHAMBRA CIRCLE, 12 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 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: BY: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JUAN 179 I KER BY DESCRIPTION OFFICER OR DIRECTOR JUAN 179 I KER BY DESCRIPTION OFFICER OR DIRECTOR JUAN 179 I KER BY DESCRIPTION OFFICER OR DIRECTOR JUAN 179 I KER BY DESCRIPTION OFFICER OR DIRECTOR JUAN 179 I KER BY DESCRIPTION OR DIRECTOR JUAN 179 I KER