

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**  
 05-18-2000 90284 020 \*\*\*\*70.00

**DOCUMENT # N95000002483**

1. Entity Name

**REGATTA AT HARBOR ISLANDS CONDOMINIUM ASSOCIATIO**

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE 12 FLOOR CORAL GABLES FL 33134	201 ALHAMBRA CIRCLE 12 FLOOR CORAL GABLES FL 33134-5108

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0653517	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GETMAN, DENNIS J**  
**201 ALHAMBRA CIRCLE**  
**12 FLOOR**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GETMAN, DENNIS J	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KERRIGAN, JAUNITA I	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCNAIRY, CHARLES L	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHALEN, PATRICIA	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 12 FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Required, VP/Secretary* 4/19/00 (305) 442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)