


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90075 016 ****70.00

DOCUMENT # N95000002483	
1. Entity Name REGATTA AT HARBOR ISLANDS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 201 ALHAMBRA CIRCLE 12 FLOOR CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE 12 FLOOR CORAL GABLES, FL 33134
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94068185



04062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0653517	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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
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**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETMAN, DENNIS J 201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KERRIGAN, JAUNITA I 201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAIRY, CHARLES L 201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHALEN, PATRICIA 201 ALHAMBRA CIRCLE, 12 FLOOR CORAL GABLES, FL 33134
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 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: Jaunita I. Kerrigan, VP/Sec 4/23/04 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAUNITA I. KERRIGAN