

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002485

1. Corporation Name

SEAWINDS AT HARBOR ISLANDS ASSOCIATION, INC.

Principal Place of Business

255 ALHAMBRA CIRCLE
8th FLOOR
CORAL GABLES, FL 33134

Mailing Address

P.O. BOX 526000
MIAMI, FL 33152

3. Date Incorporated or Qualified

05/22/95

3a. Date of Last Report

4. FEI Number

65-0653508

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

30

Country

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD
MCNAIRY, CHARLES L.
255 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

VD
GETMAN, DENNIS J.
255 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

VSD
KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

V
TANEL, AMIKAM
255 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

T
SOPSHIN, JEFFREY A.
255 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE 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

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Juanita I. Kerrigan, VP/Sec/Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/20/96
Date

(205) 442-7000
Daytime Phone #

CR2E037 (12/95)