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05-10-1999 90164 049 ****70.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000002485

1. Corporation Name

SEAWINDS AT HARBOR ISLANDS ASSOCIATION, INC.

Principal Place of Business

255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Mailing Address

255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134



2. Principal Place of Business

21 201 Alhambra Circle

Suite, Apt. #, etc.

22 12th Floor

City & State

23 Coral Gables, Florida

Zip Country

24 33134

25

2a. Mailing Address

26 201 Alhambra Circle

Suite, Apt. #, etc.

27 12th Floor

City & State

28 Coral Gables, Florida

Zip Country

29 33134

30

3. Date Incorporated or Qualified

05/22/1995

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

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 **VD**
STREET ADDRESS **GETMAN, DENNIS J**
CITY-ST-ZIP **255 ALHAMBRA CIRCLE**
CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **KERRIGAN, JAUNITA I**
CITY-ST-ZIP **255 ALHAMBRA CIRCLE**
CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MCNAIRY, CHARLES L**
CITY-ST-ZIP **255 ALHAMBRA CIRCLE**
CORAL GABLES FL 33134

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **ZALKIN, HENRY**
CITY-ST-ZIP **255 ALHAMBRA CIRCLE**
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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **201 Alhambra Circle 12th Floor**
1.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **201 Alhambra Circle 12th Floor**
2.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **201 Alhambra Circle 12th Floor**
3.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **T**
5.3 STREET ADDRESS **Whalen, Patricia**
5.4 CITY-ST-ZIP **201 Alhambra Circle 12th Floor**
Coral Gables, Florida 33134

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *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 #

CR2E037 (1/98)