

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002485

1. Entity Name

SEAWINDS AT HARBOR ISLANDS 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0653508

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete  
NAME GETMAN, DENNIS J  
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12 FLOOR  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD ☐ Delete  
NAME KERRIGAN, JAUNITA I  
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12 FLOOR  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME MCNAIRY, CHARLES L  
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12 FLOOR  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME WHALEN, PATRICIA  
STREET ADDRESS 201 ALHAMBRA CIRCLE, 12 FLOOR  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Signature Required, VP/Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA I. KERRIGAN

4/19/01

(305) 442-7000

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED  
May 11, 2001 8:00 am  
Secretary of State  
05-11-2001 90063 042 \*\*\*\*70.00