FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050866 (1)**

1. Corporation Name
HARBOR ISLANDS CLUBS, INC.

Principal Place of Business	Mailing Address
255 ALHAMBRA CIRCLE CORAL GABLES FL 33134	255 ALHAMBRA CIRCLE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/15/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number **65-0437233** ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I
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)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	~~VT~~	51 TITLE	☐ Change ☐ Addition
12 NAME	~~YANOPOULOS, JOHN J~~	52 NAME	
13 STREET ADDRESS	255 ALHAMBRA CIRCLE	53 STREET ADDRESS	
14 CITY ST ZIP	CORAL GABLES FL	54 CITY ST ZIP	
21 TITLE	VD	61 TITLE	☐ Change ☐ Addition
22 NAME	GETMAN, DENNIS J	62 NAME	
23 STREET ADDRESS	255 ALHAMBRA CIRCLE	63 STREET ADDRESS	
24 CITY ST ZIP	CORAL GABLES FL	64 CITY ST ZIP	
31 TITLE	PD	71 TITLE	☐ Change ☐ Addition
32 NAME	MCNAIRY, CHARLES L	72 NAME	
33 STREET ADDRESS	255 ALHAMBRA CIRCLE	73 STREET ADDRESS	
34 CITY ST ZIP	CORAL GABLES FL	74 CITY ST ZIP	
41 TITLE	SD	81 TITLE	☐ Change ☐ Addition
42 NAME	KERRIGAN, JUANITA	82 NAME	
43 STREET ADDRESS	255 ALHAMBRA CIR / STE - 900	83 STREET ADDRESS	
44 CITY ST ZIP	CORAL GABLES FL	84 CITY ST ZIP	
51 TITLE		91 TITLE	T ☐ Change ☒ Addition
52 NAME		92 NAME	SOPSHIN, JEFFREY
53 STREET ADDRESS		93 STREET ADDRESS	255 ALHAMBRA CIRCLE
54 CITY ST ZIP		94 CITY ST ZIP	CORAL GABLES, FL
61 TITLE		101 TITLE	☐ Change ☐ Addition
62 NAME		102 NAME	
63 STREET ADDRESS		103 STREET ADDRESS	
64 CITY ST ZIP		104 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)(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 607, 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, Secretary 4/20/95 (305)442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

0141000 CP