-2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000050866

1. Entity Name HARBOR ISLANDS CLUBS, INC.

FILED May 05, 2003 8:00 am Secretary of State
05-05-2003 92192 004 ***158.75

Principal Place of Business 201 ALHAMBRA CIR 12TH FLR CORAL GABLES FL 33134		Mailing Address 201 ALHAMBRA CIR 12TH FLR CORAL GABLES FL 33134						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	FEI Number 65-0437233	<u>}</u>	oplied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent				7.	Name and Address of New Regis	stered Agent		
KERRIGAN, JUANITA I 201 ALHAMBRA CIR			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)				
12TH FLR CORAL GA	ABLES FL 33134		City			FL Zip Coo	le	
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financ Trust Fund Contribution.	Adde	May Be to Fees	
10	OFFICERS AND D		11.	A[DDITIONS/CHANGES TO OFFICER			
TITLE NAME	RAMA, MICHAEL	☐ Delete	TITLE NAME			Change	☐ Addition	
	201 ALHAMBRA CIR- 12TH FLR CORAL GABLES FL 33134		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Getman, Dennis J 201 Alhambra CIR- 12th FLR Coral Gables FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
	PD MCNAIRY, CHARLES L 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KERRIGAN, JUANITA 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES FL 33134	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the con	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empov or on an attachment with an address, wi	true and accurate and that my vered to execute this report a	y signature shall ha	ave the same	legal effect as if made under oath;	that I am an officer	or director	