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 # **P93000050900 (8)**

1. Corporation Name

HARBOR ISLANDS REALTY, 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: **07/15/1993**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0437231** ☐ 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

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: (Registered Agent signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	~~VT~~	11 TITLE	☐ Change ☐ Addition
12 NAME	~~YANOPOULOS, JOHN J~~	12 NAME	
13 STREET ADDRESS	255 ALHAMBRA CIRCLE	13 STREET ADDRESS	
14 CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
21 TITLE	VD	21 TITLE	☐ Change ☐ Addition
22 NAME	GETMAN, DENNIS J	22 NAME	
23 STREET ADDRESS	255 ALHAMBRA CIRCLE	23 STREET ADDRESS	
24 CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
31 TITLE	PD	31 TITLE	☐ Change ☐ Addition
32 NAME	MCNAIRY, CHARLES L	32 NAME	
33 STREET ADDRESS	255 ALHAMBRA CIRCLE	33 STREET ADDRESS	
34 CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	
41 TITLE	SD	41 TITLE	☐ Change ☐ Addition
42 NAME	KERRIGAN, JUANITA	42 NAME	
43 STREET ADDRESS	255 ALHAMBRA CIRCLE / STE - 900	43 STREET ADDRESS	
44 CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☒ Addition
52 NAME		52 NAME	T SOPSHIN, JEFFREY
53 STREET ADDRESS		53 STREET ADDRESS	255 ALHAMBRA CIRCLE
54 CITY ST ZIP		54 CITY ST ZIP	CORAL GABLES, FL
61 TITLE		61 TITLE	☐ Change ☒ Addition
62 NAME		62 NAME	V ZOBERMAN, NORMAN
63 STREET ADDRESS		63 STREET ADDRESS	255 ALHAMBRA CIRCLE
64 CITY ST ZIP		64 CITY ST ZIP	CORAL GABLES, FL

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 (Telephone Number)

0141931 CP