

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90079 014 ***158.75

DOCUMENT # P94000092064
 1. Entity Name
 HARBOR ISLANDS COMMUNITY MANAGEMENT, INC.



Principal Place of Business 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134
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94068387



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0587174	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KERRIGAN, JUANITA I
 201 ALHAMBRA CIR
 12TH FLR
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GETMAN, DENNIS J 201 ALHAMBRA CIR-12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KERRIGAN, JUANITA I 201 ALHAMBRA CIR-12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCNAIRY, CHARLES L 201 ALHAMBRA CIR-12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHALEN, PATRICIA 201 ALHAMBRA CIR-12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: *Juanita I. Kerrigan, VP/Sec.* 4/23/04 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 JUANITA I. KERRIGAN