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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

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Feb 03 19	998	8:00am
Secreta	ry of	f State

1. Corporation	n Name	" / 1 100	(')				ļ						
HARBOR BEACH ISLAND FUND, INC.					ļ								
Principal Plac	Place of Business Mailing Address												
2190 S.E. 17TH STREET NO. 211 FT LAUDERDALE FL 33316 2190 S.E. 17TH STREET NO. 211 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316						L	3. Date Incorporated or Qualified 11/15/1966 4. FEI Number 59-1150526			plied For	7		
2. Principal Place of Business 28. Mailing Address 26			•••	5. Certificate of Status Desired S8.7					Additional	1			
Suite, Apt.	#, etc.	·····	Suite, Apt. #, etc.				,	6. Election Campaign Financing Trust Fund Contribution		5.00 N	Лау Ве	ĺ	
City & Stat	e	City & State				7. Is this nonprofit corporation a homeowners association? Yes \(\subseteq No \)							
Zip 24		Country 25	Zip 29	30 Co	30			 This corporation owes or has paid the Personal Property Tax due June 30. 	XX	ZLYes □ No □			
	9. Name	and Address of Current	Registered Agent		<u> </u>			0. Name and Address of New Register	ed Ager	<u>.t</u>		4	
					81	Name						ŀ	
RUPP, WILLIAM R.				82	Street	Addrose	(P.O. Box Number is Not Acceptable)				┨		
2190 S.E. 17TH STREET #211			٠	Succe.	Address	(1.0. box Number is Not Acceptable)				١			
FORT LAUDERDALE FL 33316			83							1			
, , , , , ,	TODEIDAL	- 1 2 000 10			L							1	
					84	,			L 85			1	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.													
SIGNATURE .	_											l	
	Signature, typed	or printed name of registered agen			d Age	ent signature	e required wt	then reinstating) DAT				1	
12.		OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICERS A				ŀ	
TITLE	AT		DELETE	1.1 T			l			Change	☐ Addition	1	
NAME	•	/ILLIAM R.		1.2 N	AME]					H	
STREET ADDRESS		17TH STREET		1.3 S	TREET	ADDRESS	1					ľ	
CITY-ST-ZIP		ERDALE FL 33316		1.40	1.4 CITY - ST - ZIP							1	
TITLE	PD		☐ DELETE	2.1 T	TLE					Change	Addition	ľ	
NAME	ROSS, A			2.2 N	AME								
STREET ADDRESS		CILLE DRIVE		2.3 S	TREET	ADDRESS	1					1	
CITY-ST-ZIP	FT LAUC	ERDALE FL 33316		2.46	HY-S	ST-ZIP							
TITLE	D		DELETE	3.1 T.	TLE			····		Change	Addition		
NAME	LEVINE,	Stephen		3.2 N	AME								
STREET ADDRESS	36 ISLE	Bahia Drive		3.3 S	TREET	ADDRESS						-	
	ET LAUC	EDDALE EL 22216		1			1					1	

6.4 CITY-ST-ZIP 14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

DELETE

Change

Change

Change

Addition

Addition .