

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742532 (5)**  
1. Corporation Name  
**TOWNHOUSES OF HARBOR BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1800 SO. OCEAN DRIVE FT. LAUDERDALE FL 33316 US</b>	Mailing Address <b>1800 SO. OCEAN DRIVE FT. LAUDERDALE FL 33316-3704 US</b>
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3. Date Incorporated or Qualified <b>04/20/1978</b>	3a. Date of Last Report <b>03/11/1996</b>
4. FEI Number <b>59-1903012</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent <b>BECKER, POLIAKOFF &amp; STREITFIELD P.A. 3111 STERLIN ROAD FT. LAUDERDALE FL 33312-3525</b>	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMAN, WAYNE M</b>	1.2 NAME	
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAPENOVICH, JOSEPH</b>	2.2 NAME	<b>STAPENOVICH, JOSEPH</b>
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYBANO, JOSEPH</b>	3.2 NAME	<b>Rubano, Joseph</b>
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBOLSKY, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATT, GRAHAM</b>	5.2 NAME	
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Wayne M Berman 1/28/97 951-922-5665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036465

CFR2E037 (9/96)