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02-24-1999 90010 037 ****61.25

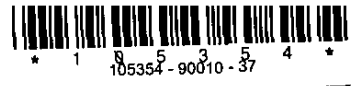
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742532

1. Corporation Name
TOWNHOUSES OF HARBOR BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1800 SO. OCEAN DRIVE FT. LAUDERDALE FL 33316 US	Mailing Address 1800 SO. OCEAN DRIVE FT. LAUDERDALE FL 33316 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/20/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1903012
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFIELD P.A.
3111 STERLIN ROAD
FT. LAUDERDALE FL 33312-3525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 BERMAN, WAYNE M		1.2 NAME	
STREET ADDRESS 1800 S. OCEAN DR		1.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAPENOVICH, JOSEPH		2.2 NAME	
STREET ADDRESS 1800 S. OCEAN DR		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE, FL 00000		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUBANO, JOSEPH		3.2 NAME	
STREET ADDRESS 1800 S. OCEAN DR		3.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE, FL 00000		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OBOLSKY, MICHAEL		4.2 NAME	
STREET ADDRESS 1800 S. OCEAN DR		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATT, GRAHAM		5.2 NAME	
STREET ADDRESS 1800 S. OCEAN DR		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		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 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, with all other like empowered.

SIGNATURE: *Wayne M Berman* SIGNATURE REQUIRED *BERMAN* 1/8/99 954-922-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)