

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **742532**

1. Entity Name

TOWNHOUSES OF HARBOR BEACH CONDOMINIUM ASSOCIATI

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90022 045 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1800 SO. OCEAN DRIVE FT. LAUDERDALE FL 33316 US	Mailing Address 1800 SO. OCEAN DRIVE FT. LAUDERDALE FL 33316-3704 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1903012	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

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

**FILE NOW:
FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	BERMAN, WAYNE M	
STREET ADDRESS	1800 S. OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STAPENOVICH, JOSEPH	
STREET ADDRESS	1800 S. OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBANO, JOSEPH	
STREET ADDRESS	1800 S. OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAGI, KITTY	
STREET ADDRESS	1800 S. OCEAN DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WATT, GRAHAM	
STREET ADDRESS	1800 S. OCEAN DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES A. MCFADDEN	
STREET ADDRESS	1800 S. OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Coward	
STREET ADDRESS	1800 S. OCEAN DR #	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: Robert Coward
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/00 954-986-7585
 Date Daytime Phone #

CR2E037 (9/99)