

**2001 UNIFORM BUSINESS REPORT (UBR)**

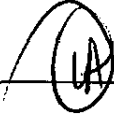
**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90260 019 \*\*\*\*61.25

**DOCUMENT # 742532**

1. Entity Name

**TOWNHOUSES OF HARBOR BEACH CONDOMINIUM ASSOCIATI**



Principal Place of Business

**1800 SO. OCEAN DRIVE  
 FT. LAUDERDALE FL 33316  
 US**

Mailing Address

**1800 SO. OCEAN DRIVE  
 FT. LAUDERDALE FL 33316  
 US.**

**A0083782**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-1903012**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCFADDEN, JAMES A</b>	
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>STAPENOVICH, JOSEPH</b>	
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COWARD, ROBERT</b>	
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VAGI, KITTY</b>	
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>WATT, GRAHAM</b>	
STREET ADDRESS	<b>1800 S. OCEAN DR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Keith Benkayon</b>	
STREET ADDRESS	<b>1800 S. Ocean Drive</b>	
CITY-ST-ZIP	<b>Fort Lauderdale FL 33316</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (5/01)

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 J. Coward 8/23/01 954 938-2702