


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 742532

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



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1903012 Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	STAPENOVICH, JOSEPH
STREET ADDRESS	1800 S. OCEAN DR
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	T
NAME	COWARD, ROBERT
STREET ADDRESS	1800 S. OCEAN DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	VAGI, KITTY
STREET ADDRESS	1800 S. OCEAN DR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	DVP
NAME	WATT, GRAHAM
STREET ADDRESS	1800 S. OCEAN DR
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD
NAME	BOCHINO, JOHN
STREET ADDRESS	1800 S OCEAN DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000362714
 05/05/05-80127-024 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Watt 4/29/05 984-838 2222

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