

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-24-2008 90116 022 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172008 Chg-NP CRZE037 (12/08)

DOCUMENT # 742532			
1. Entry 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1903012		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name: BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable): 3111 STELLING ROAD City: FORT LAUDERDALE FL Zip Code: 33312	
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 signers required when re-appointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SB VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPENOVICH, JOSEPH	NAME	
STREET ADDRESS	1800 S. OCEAN DR	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T COWARD, ROBERT	NAME	
STREET ADDRESS	1800 S. OCEAN DR	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SECY. DEVINO, KEN	NAME	
STREET ADDRESS	1800 S. OCEAN DR	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BENVAYON, KEITH	NAME	
STREET ADDRESS	1800 S. OCEAN DR	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WATT, GRAHAM	NAME	
STREET ADDRESS	1800 S. OCEAN DR.	STREET ADDRESS	
CITY-ST-ZIP	FL LAUDERDALE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph Stepenovich		Date: 5/20/08 561-371-4722	

KS