2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742532

TOWNHOUSES OF HARBOR BEACH CONDOMINIUM ASSOCIATI



May 22, 2003 8:00 am § Secretary of State

05-22-2003 90140 045 ****61.25

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Principal Plac 1800 SO. OCE FT. LAUDERDA US	AN DRIVE	3	1800 S	g Address O. OCEAN DRIVE JDERDALE FL 33316	- -						
2. Principal Place of Business			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City	y & State		4. FEI Number 5		9-1903012		Applied For Not Applicable		
Zip		Country	Zip	,	Country		5. Certificate of S	tatus Desired		75 Add	
	6. Name	and Address of Current	Registere	d Agent			7. Name and Add	ress of New.Reg	stered Age	nt	
	y.	<u> </u>	,		Name						
3111 STE	ERLIN ROAD				Street	Address (P.O. Box Number is l	Not Acceptable)			-
FI. LAUL	JEHUALE FL	. 33312-3525			City					Zip Code	
					"				FL		
	named entity tions of regist	submits this statement for ered agent.	or the purpo	ose of changing its r	registered office of	or register	ed agent, or both, in	the State of Florid	a. I am fami	iar with,	and accept
SIGNATURE.		or printed name of registered agent	and title if appl	icable. (NOTE:	Registered Agent signa	ature required	when reinstating)		DATE		
SIGNATURE Signature, typed or printed name of registered agent and title FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
	FILE NOW	: FEE IS \$61.25	:				\$5.00 May Be Added to Fees	Make Florida	Check Pa Departme	ayable ent of S	to State
68	FILE NOW		BECTORS		ontribution.		Added to Fees	Florida	Departme	ent of S	State
ts 10.		OFFICERS AND DIF	RECTORS	Trust Fund Co	ontribution.		\$5.00 May Be Added to Fees	Florida	Departme	TORS IN	otate
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10. TITLE NÂME	SD STAPENO	OFFICERS AND DIE	RECTORS	Trust Fund Co	11. TITLE NAME		Added to Fees	Florida	Departme	TORS IN	otate
10. TITLE NAME STREET ADDRESS	SD STAPENOV 1800 S. O	OFFICERS AND DIE CH, JOSEPH CEAN DR	RECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRESS		Added to Fees	Florida	Departme	TORS IN	otate
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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: