

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90017 032 \*\*\*\*61.25

**DOCUMENT # 748394**

1. Entity Name

**HARBOUR POINTE OF DELRAY CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**501 EAST ATLANTIC AVENUE  
 DELRAY BEACH FL 33483-3323**

**501 EAST ATLANTIC AVENUE  
 DELRAY BEACH FL 33444-2611**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**151 N.W. First Avenue**

**151 N.W. First Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Delray Beach, FL**

**Delray Beach FL**

4. FEI Number

**65-0027562**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33444**

**33444**

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

**HASNER, PATTI  
 501 EAST ATLANTIC AVENUE  
 DELRAY BEACH FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

**151 N.W. First Avenue**

City

**Delray Beach**

**FL**

Zip Code

**33444**

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**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	D'AMICO, LENA	
STREET ADDRESS	1724 DEL HAVEN DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, PAULETTE	
STREET ADDRESS	1720 DEL HAVEN DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREEN, LINDA	
STREET ADDRESS	1709 DEL HAVEN DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DENAU, DOROTHY	
STREET ADDRESS	1705 DEL HAVEN DR.	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wamsley, Lew	
STREET ADDRESS	1734 Del Haven Drive	
CITY-ST-ZIP	Delray Beach, Florida 33483	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'Amico, Lena	
STREET ADDRESS	1724 Del Haven Drive	
CITY-ST-ZIP	Delray Beach, Florida 33483	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greene, Linda	
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		

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: Linda R. A. P... REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3 Feb. 2000**

Date

Daytime Phone #

CR2E037 (9/99)