

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90002 042 ****61.25

DOCUMENT # 748394

1. Entity Name

HARBOUR POINTE OF DELRAY CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

151 NW FIRST AVE
 DELRAY BEACH FL 33483-5323

151 NW FIRST AVE
 DELRAY BEACH FL 33483-5323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0027562

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASNER, PATTI
151 NW FIRST AVE
DELRAY BEACH FL 33483

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 (NOTE: Registration required when...)

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	WAMSLEY, LEW	
STREET ADDRESS	1734 DEL HAVEN DR	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	D'AMICO, LENA	
STREET ADDRESS	1724 DEL HAVEN DR	
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	DENAUT, 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 type="checkbox"/> Addition
NAME	ELLIS, HARRY	
STREET ADDRESS	1730 Del Haven Drive	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	metzaer, Christopher	
STREET ADDRESS	1734 Del Haven Drive	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	SD	<input checked="" 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		

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:

SIGNATURE OF REGISTERED AGENT

HARRY ELLIS 2-15-02

561-278-1517

Date

Daytime Phone #

CR2E037 (9/01)