

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 756399 (2)
1. Corporation Name
HARBOR BEACH PROPERTY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 2190 S.E. 17TH ST., #211 FT. LAUDERDALE FL 33316
Mailing Address: 2190 S.E. 17TH ST., #211 FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 02/17/1981
3a. Date of Last Report: 03/03/1995
4. FEI Number: 59-2097633
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUPP, RANDY
2190 SE 17TH ST
STE 211
FT LAUDERDALE FL 33316

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: PAYNE, JOHN STREET ADDRESS: 600 W LAKE DRIVE CITY-ST-ZIP: FT. LAUDERDALE FL	1.1 TITLE: P, D	1.2 NAME: ELLIOT DRITCH
<input checked="" type="checkbox"/> DELETE		1.3 STREET ADDRESS: 2 LZA BAHIA DRIVE	1.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33316
TITLE: SD	NAME: SINDACO, JOSEPH STREET ADDRESS: 1400 E. LAKE DRIVE CITY-ST-ZIP: FT LAUDERDALE FL	2.1 TITLE: D	2.2 NAME:
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: VD	NAME: CARLSON, CAROLYN STREET ADDRESS: 2560 LUCILLE DRIVE CITY-ST-ZIP: FT. LAUDERDALE FL	3.1 TITLE: T, D	3.2 NAME: ROBERT COYNER
<input checked="" type="checkbox"/> DELETE		3.3 STREET ADDRESS: 1420 S. OLEAN DRIVE	3.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33316
TITLE: PD	NAME: RICHARD, JANET STREET ADDRESS: 2501 MERCEDES DRIVE CITY-ST-ZIP: FT. LAUDERDALE FL	4.1 TITLE: D	4.2 NAME:
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: BECK, CHRISTINE STREET ADDRESS: 11 SYLVAN LANE CITY-ST-ZIP: FT. LAUDERDALE FL	5.1 TITLE: S, D	5.2 NAME:
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D	NAME: FRIEDMAN, PATRICIA STREET ADDRESS: 2400 DEL LAGO DR CITY-ST-ZIP: FT LAUDERDALE FL	6.1 TITLE:	6.2 NAME:
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
4-23-96 (954)4627301

CR2E037 (12/95)