


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 756399

1. Entity Name
HARBOR BEACH PROPERTY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1702 CORDOVA RD. STE #2 FT. LAUDERDALE, FL 33316	Mailing Address 1702 CORDOVA RD. STE #2 FT. LAUDERDALE, FL 33316
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04172006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2097633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUPP, RANDY
 1702 CORDOVA RD. #2
 FT LAUDERDALE, FL 33316

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

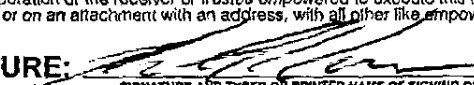
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSS, ROBERT 2543 LUCILLE DR FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BIZ, G. ROBERT 1621 SEABREEZE BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BECK, CHRISTINE 11 SYLVAN LANE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMERSTEIN, BARRY 2555 LUCILLE DR. FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICAZIO, MICHAEL 1641 S OCEAN DR FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/05/06-80097-017 61.25

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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:  **PRESIDENT ROBERT ROSS** **954-525-6116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #