2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756399

FILED Apr 16, 2009 Secretary of State

Entity Name: HARBOR BEACH PROPERTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1322 SE 17 ST FT. LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 1322 SE 17 ST FT. LAUDERDALE, FL 33316 FEI Number: 59-2097633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUPP, RANDY 1322 SE 17 ST FORT LAUDERDALE, FL 33316 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROSS, ROBERT ROSS, ANNETTE Name: Name: 2543 LUCILLE DR Address: 2543 LUCILLE DR Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: FORT LAUDERDALE, FL Title: STD () Delete Title: STD (X) Change () Addition BIZ, G. ROBERT Name: BECK, CHRISTINE Name: Address: 1621 SEABREEZE BLVD Address: 11 SYLVAN LANE City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: FORT LAUDERDALE, FL 33316 Title: () Delete Title: (X) Change () Addition SOMERSTEIN, BARRY SOMERSTEIN, BARRY Name: Name: Address: 2555 LUCILLE DR. Address: 2555 LUCILLE DR. City-St-Zip: FT LAUDERDALE, FL 33316 City-St-Zip: FORT LAUDERDALE, FL 33316 Title: () Delete Title: () Change () Addition Name: PICAZIO, MICHAEL Name: Address: 1641 S OCEAN DR Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: VPD () Delete Title: () Change () Addition STEIN, JAMES Name: Name: 2407 LAGUNA DR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: () Delete Title: () Change (X) Addition ROSS, ROBERT Name: Name: Address: Address: 2543 LUCILLE DR FORT LAUDERDALE, FL 33316 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE ROSS PD 04/16/2009