


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007057</b>					
<b>1. Entity Name</b> HIGHLAND BEACH CLUB CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3600 S. OCEAN BLVD 107 HIGHLAND BEACH FL 33487			<b>Mailing Address</b> 3600 S. OCEAN BLVD 107 HIGHLAND BEACH FL 33487		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CAPLAN, LOUIS %SACHE, SAXT, KLEIN PA NTP, 301 YAMATO RD STE 4150 BOCA RATON FL 33431				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAVIGNE, GUY		NAME		
STREET ADDRESS	3594 S OCEAN BLVD # 1007		STREET ADDRESS		
CITY - ST - ZIP	HIGHLAND BEACH FL 33487		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, WILLIAM		NAME		
STREET ADDRESS	3604 SOUTH OCEAN BLVD # 101		STREET ADDRESS		
CITY - ST - ZIP	HIGHLAND BEACH FL 33487		CITY - ST - ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, SCOTT		NAME		
STREET ADDRESS	3604 SOUTH OCEAN BLVD # 101		STREET ADDRESS		
CITY - ST - ZIP	HIGHLAND BEACH FL 33487		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



MOORE CR2E037 (11/03)

**4. FEI Number** 65-1052577  Applied For  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75** Additional Fee Required

**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 reports 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:**

*Scott Morris* **SCOTT MORRIS** 1/26/04 561-278-9494