


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 756399 (2)

1. Corporation Name

HARBOR BEACH PROPERTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2190 S.E. 17TH ST., #211
FT. LAUDERDALE FL 33316

2190 S.E. 17TH ST., #211
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified

02/17/1981

4. FEI Number

59-2097633

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PRITCH, ELLIOT | |
| STREET ADDRESS | 2 ISLA BAHIA DR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ROSS, ROBERT | |
| STREET ADDRESS | 2543 LUCILLE DR | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BIZ, G. ROBERT | |
| STREET ADDRESS | 1621 SEABREEZE BLVD | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JACOBY, MONTE | |
| STREET ADDRESS | 1524 E LAKE DR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BECK, CHRISTINE | |
| STREET ADDRESS | 11 SYLVAN LANE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

| | | |
|----------------|--------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FRIEDMAN, PATRICIA | |
| STREET ADDRESS | 2400 DEL LAGO DR | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|--|
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | D Robert M. Couner |
| 6.3 STREET ADDRESS | 1420 S. OCEAN DRIVE |
| 6.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33316 |

14. 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 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: Robert M. Couner 4/27/98 954-525-6116

CR2E037 (10/97)