



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90140 019 ****61.25

DOCUMENT #711801 1. Entity Name HARBOR BEACH ISLAND FUND, INC.					
Principal Place of Business 1702 CORDOVA ROAD 2 FT LAUDERDALE, FL 33316				Mailing Address 1720 CORDOVA ROAD 2 FT LAUDERDALE, FL 33316	
2. Principal Place of Business 1322 S.E. 17 ST. Suite, Apt. #, etc.		3. Mailing Address 1322 S.E. 17 ST. Suite, Apt. #, etc.			
City & State FT. LAUDERDALE FL Zip 33316		City & State FT. LAUDERDALE FL Zip 33316		4. FEI Number 59-1150526	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUPP, WILLIAM R. 1702 CORDOVA ROAD #2 FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1322 S.E. 17 STREET City FT. LAUDERDALE FL Zip Code 33316	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE AT	NAME RUPP, WILLIAM R.			<input type="checkbox"/> Delete	
STREET ADDRESS 1702 CORDOVA ROAD #2	CITY-ST-ZIP FT LAUDERDALE, FL 33316			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	NAME ROSS, ANNETTE			<input type="checkbox"/> Delete	
STREET ADDRESS 2543 LUCILLE DRIVE	CITY-ST-ZIP FT LAUDERDALE, FL 33316			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME ROSS, ROBERT			<input type="checkbox"/> Delete	
STREET ADDRESS 2543 LUCILLE DRIVE	CITY-ST-ZIP FT LAUDERDALE, FL 33316			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					