2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711801

1. Entity Name



FILED Jan 16, 2003 8:00 am § Secretary of State

01-16-2003 90143 039 ****61.25

HARBO	r beach island fund, inc.							
Principal Place of Business 1702 CORDOVA ROAD 2		Mailing Address						
	DALE FL 33316	2 FT LAUDERDALE FL 33316		t 1981(1 1888) (18	II. 11281 1291 APIR) 1124 A1211 B11	. • • • • • • • • • • • • • • • • • • •	:811 \$1441 (881	
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING	3 CHANGES	3	
City & State		City & State		4. FEI Number 59	-1150526		pplied For	7
Zip	Country	Zip	Country	5. Certificate of Stat	tus Desired	\$8.75 Ad	lot Applicable Iditional	1
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Addre	ess of New Registered	Fee Require	30	4
	-		Name				·	1
RUPP, WILLIAM R.		-	Stroot Address	s (P.O. Box Number is No				վ-
1702 CORDOVA ROAD #2			Sileet Address	s (F.O. Box Number is No	t Acceptable)			
FORT L	AUDERDALE FL 33316				-		*.	1
-9			City		FL	Zip Cod	ie	1
8. The abov	e named entity submits this statement for ations of registered agent.	or the purpose of changing its r	registered office or regist	ered agent, or both, in th			and accord	+
SIGNATURE	Signature, typed or printed name of registered agent. FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	· • • —	\$5.00 May Be Added to Fees	Make Check Florida Depart	Payable	to State	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTORS IN	10	1
TITLE	AT DUDD MOULIANA D	☐ Delete	TITLE			☐ Change	Addition	3
name Street address	RUPP, WILLIAM R.		NAME					{≥
GITY-ST-ZIP	1702 CORDOVA ROAD #2 FT LAUDERDALE FL 33316		STREET ADDRESS	•				12
TITLE	PD PD		CITY-ST-ZIP		_			12,00
NAME	ROSS, ANNETTE	☐ Delete	TITLE			□ 0b	Addition	Ë
STREET ADDRESS	2543 LUCILLE DRIVE		114145			☐ Change		
CITY-ST-ZIP			NAME STREET ADDRESS	,,,		□ Change		-
	FT LAUDERDALE FL 33316		NAME STREET ADDRESS CITY-ST-ZIP			Unange		
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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 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: