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Secretary of State

04-23-1999 90155 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756399

1. Corporation Name
HARBOR BEACH PROPERTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2190 S.E. 17TH ST.,#211 FT. LAUDERDALE FL 33316	Mailing Address 2190 S.E. 17TH ST.,#211 FT. LAUDERDALE FL 33316
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/17/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2097633
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RUPP, RANDY 2190 SE 17TH ST STE 211 FT LAUDERDALE FL 33316		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRITCH, ELIJOT		1.2 NAME	
STREET ADDRESS 2 ISLA BAHIA DR		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSS, ROBERT		2.2 NAME	
STREET ADDRESS 2543 LUCILLE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIZ, G. ROBERT		3.2 NAME	
STREET ADDRESS 1621 SEABREEZE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACOBY, MONTE		4.2 NAME	
STREET ADDRESS 1524 E LAKE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECK, CHRISTINE		5.2 NAME	
STREET ADDRESS 11 SYLVAN LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COYNER, ROBERT M		6.2 NAME MARY TAYLOR	
STREET ADDRESS 1420 S OCEAN DRIVE		6.3 STREET ADDRESS 1600 E. LAKE DR	
CITY-ST-ZIP FT LAUDERDALE FL 33316		6.4 CITY-ST-ZIP FT. LAUDERDALE, FL	

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, with all other like empowered.

SIGNATURE: _____ DATE: 3-19-99 DAYTIME PHONE #: 9544623075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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