

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90120 004 ****61.25

DOCUMENT # 756399

1. Entity Name

HARBOR BEACH PROPERTY HOMEOWNERS ASSOCIATION, IN

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 33316-2106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1702 CORDOVA ROAD

1702 CORDOVA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #2

Suite #2

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

4. FEI Number

59-2097633

Applied For

Not Applicable

Zip
33316

Country
BROWARD

Zip
33316

Country
BROWARD

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUPP, RANDY
2190 SE 17TH ST
STE 211
FT LAUDERDALE FL 33316

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
1702 CORDOVA ROAD, SUITE #2

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRITCH, ELLIOT	
STREET ADDRESS	2 ISLA BAHIA DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSS, ROBERT	
STREET ADDRESS	2543 LUCILLE DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<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	VPD	<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	TAYLOR, MARY	
STREET ADDRESS	1600 E LK DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER WIRSTROM	
STREET ADDRESS	1425 E. LAKE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Somenstein	
STREET ADDRESS	2555 Lucille Drive	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
(Robert Ross)

Date

Daytime Phone #

4/17/00

954-525-6116

CR2E037 (9/99)