


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 756399 1. Entity Name HARBOR BEACH PROPERTY HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1322 SE 17 ST FT. LAUDERDALE, FL 33316	Mailing Address 1322 SE 17 ST FT. LAUDERDALE, FL 33316
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04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2097633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUPP, RANDY
 1322 SE 17 ST
 FORT LAUDERDALE, FL 33316

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, ROBERT 2543 LUCILLE DR FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIZ, G. ROBERT 1621 SEABREEZE BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMERSTEIN, BARRY 2555 LUCILLE DR. FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICAZIO, MICHAEL 1641 S OCEAN DR FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEIN, JAMES 2407 LAGUNA DR FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000923552
 05/16/08-80035-005 61.25

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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:  ROBERT ROSS Date: 4/22/08 Daytime Phone #: 954-525-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR