

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90014 044 \*\*\*\*61.25

<b>DOCUMENT # 760626</b> 1. Entity Name <b>HARBOR POINT ASSOCIATION, INC.</b>					
Principal Place of Business <b>5000 N. OCEAN DRIVE</b> <b>SINGER ISLAND, FL 33404 US</b>			Mailing Address <b>5000 N. OCEAN DRIVE</b> <b>SINGER ISLAND, FL 33404 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1097949</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HALL, RANDALL G</b> <b>6797 BAYSHORE DR</b> <b>LAKE WORTH, FL 33462</b>				7. Name and Address of New Registered Agent Name: <b>JAY LEVINE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 PGA Blvd #970</b> City: <b>Palm Beach Gardens FL</b> Zip Code: <b>33410</b>	
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.</small>				DATE: <b>4/2/04</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST JOHN, DAVID 5000 N OCENA DR SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAHOSKI, GLORIA 5000 N OCEAN DR SINGER ISLAND, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKMEYER, GARY 5000 N. OCEAN DR SINGER ISLAND, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST JOHN, LEON 5000 N OCEAN DR SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, MATTHEW 5000 N OCEAN DR SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERLEGAS, THANOS 5000 N. OCEAN DR SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PERLEGAS, THANOS</del> 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Randall B Hall 6797 Bayshore Lake Worth, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <b>R.B. HALL</b> <b>3/30/04</b> <b>561-533-0216</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					