

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

FILED
Mar 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # N00000004385

1. Entity Name

THE GARDENS AT HIGHLAND BEACH SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1111 HIGHLAND BEACH DR.
 HIGHLAND BEACH FL 33487

1111 Highland Beach Dr.
 1115 HIGHLAND BEACH DR.
 HIGHLAND BEACH FL 33487

800008966318
 11/13/02--01047--003 **\$61.25



REINSTATEMENT 02-03

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1035441

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~FORTANG, BERNARD~~
 1111 HIGHLAND BEACH DR.
 HIGHLAND BEACH FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Handwritten Signature]
 Bernard Fortang 3/18/03

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	PD	<input type="checkbox"/> Delete
NAME	FORTANG, BERNARD	
STREET ADDRESS	1111 HIGHLAND BEACH DR.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIEGEL, NICOLE	
STREET ADDRESS	1113 HIGHLAND BEACH DR.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRISSON, MONICA	
STREET ADDRESS	1115 HIGHLAND BEACH DR.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800008966318
 02/18/03--01004--005 **\$297.50

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:

[Handwritten Signature]
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)