

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 22, 2008
Secretary of State

DOCUMENT# N06000007870

Entity Name: HARBOR BEACH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**425 NORTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**New Principal Place of Business:**5757 FIVE FLAGS BLVD
ORLANDO, FL 32822**Current Mailing Address:**425 NORTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**New Mailing Address:**5757 FIVE FLAGS BLVD
ORLANDO, FL 32822**FEI Number:** 20-5272806**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FRIEDMAN, HARRIS
425 NORTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009 US**Name and Address of New Registered Agent:**TAMARA, MADISON
5757 FIVE FLAGS BLVD
ORLANDO, FL 32822 US

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: TAMARA MADISON

07/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIRSCH, HERBERT
Address: 425 NORTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD () Delete
Name: FRIEDMAN, HARRIS
Address: 425 NORTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: STD () Delete
Name: BIRDMAN, LOUIS
Address: 425 NORTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MADISON, TAMARA
Address: 5757 FIVE FLAGS BLVD
City-St-Zip: ORLANDO, FL 32822

Title: VD (X) Change () Addition
Name: HENSLEY, KATHY
Address: 5757 FIVE FLAGS BLVD
City-St-Zip: ORLANDO, FL 32822

Title: STD (X) Change () Addition
Name: SHULUSKY, ALEXANDRA
Address: 5757 FIVE FLAGS BLVD
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARA MADISON

PD

07/22/2008

Electronic Signature of Signing Officer or Director

Date