
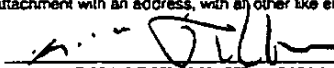


**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

66007849

<b>DOCUMENT # N07000008920</b>				03-27-2008 90026 016 ****61.25	
1. Entity Name <b>HARBOR BEACH CLUB CONDOMINIUM ASSOCIATION, INC.</b>		Principal Place of Business <b>95 PINE TREE DRIVE INDIALANTIC, FL 32903</b>		Mailing Address <b>PO BOX 510758 MELBOURNE BEACH, FL 32951</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		66007849	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 26-2414563	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOLLMAN, WILLIAM 95 PINE TREE DRIVE INDIALANTIC, FL 32903				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOLLMAN, WILLIAM		NAME		
STREET ADDRESS	95 PINE TREE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOLLMAN, WILLIAM		NAME		
STREET ADDRESS	95 PINE TREE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOLLMAN, WILLIAM		NAME		
STREET ADDRESS	95 PINE TREE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOLLMAN, WILLIAM		NAME		
STREET ADDRESS	95 PINE TREE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-10-08 321-984-7543		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		