

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90095 003 \*\*\*\*61.25

**DOCUMENT # N23033**

1. Entity Name  
**HARBOR VIEW CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

9121 N MILITARY TRAIL      9121 N MILITARY TRAIL  
SUITE 222      SUITE 222  
PALM BEACH GARDENS FL 33410      PALM BEACH GARDENS FL 33410  
US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0031561**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HOPKINS, MARY**  
**9121 N MILITARY TRAIL**  
**SUITE 222**  
**PALM BEACH GARDENS FL 33410**

**7. Name and Address of New Registered Agent**

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 reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HEADBERG, BRENT A</b> <b>220 LAKE SHORE DR #3</b> <b>LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>RIGBY, MATTHEW L</b> <b>220 LAKE SHORE DR #6</b> <b>LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MEDE, JOHN</b> <b>220 LAKE SHORE DR #7</b> <b>LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HEADBERG, DEBBIE</b> <b>220 LAKESHORE DR #3</b> <b>LAKE PARK FL 33403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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)(l), 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: *Brent A Headberg* **PRESIDENT 12 MAR 03 561-358-1940**

CR2E037 (10/02)