

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002271 (3)

1. Corporation Name

HARBOUR POINT TOWNHOMES HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

315 BARTON AVE.
PALM BEACH FL 33480

315 BARTON AVE.
PALM BEACH FL 33480

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

NONE

2. Principal Place of Business

2a. Mailing Address

21 1201 U.S. Highway One

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 435

27

City & State

City & State

23 North Palm Beach

28

Zip

Country

Zip

Country

24 33408

25 P.B.

29

30

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AVIS, WARREN E JR
AVIS & AVIS, P.A.
1201 U.S. HWY. ONE, SUITE 36
NORTH PALM BEACH FL 33408

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME RUMMENY, JOHANNES E
STREET ADDRESS 315 BARTON AVE.
CITY-ST-ZIP PALM BEACH FL 33480

TITLE VSD ☐ DELETE
NAME RUMMENY, PATRICIA
STREET ADDRESS 315 BARTON AVE.
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ DELETE
NAME YECKES, STEPHAN
STREET ADDRESS 772 U.S. HWY ONE
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

500001738775
-03/11/96--01056--003
***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/29/96 407-6597796
Daytime Phone # 517-11-86

CR2E037 (12/95)