FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # N95000002271 (3)

HARBOUR POINT TOWNHOMES HOMEOWNERS ASSOCIATION, INC.											
Principal Place of Business						Address					- I Jadisini die (bjot osini aduit earit detit desit desit digita libio i(bit 100e) (ibit dobl
1201 U.S. HWY 1 1201 U.S. HWY 1											3. Date Incorporated or Qualified
SUITE 435 SUITE 435										05/08/1995	
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408										4. FEI Number Applied For	
											65-0663705 Not Applicable
2. Principal P	lace of Busin	26	2a. Mailing Address						CO 75 A 1800 A 1		
21		26	26						6. Certificate of Status Desired Fee Required		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						Election Campaign Financing \$5.00 May Be		
22		27							Trust Fund Contribution Added to Fees		
City & State					City & State						7. Is this nonprofit corporation a homeowners association?
23						28					Yes No
Zip			Country	· 🛏 ·			_	Country			8. This corporation owes or has paid the current year Intangible
24		25	Add				30				Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10										10. Name and Address of New Registered Agent	
		_						"	1401110	-P	au Wieseneur,
	arren e ji	H						8	Street	<i>Pycin</i> y e	age (PyO. BoyAllymber is Not Acceptable)
AVIS & AVIS, P.A.									of monet round		
1201 0.3. HW1. ONE, SOILE 30										A	
NORTH PALM BEACH FL 33408									n Beach Garlens FL 85 335910		
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 familian with, and accept the obligations of, Section 617.0503, Florida Statutes.											
agent. I am familiar ith, and accept the obligations of, Section 617.0593, Florida Statutes.											
SIGNATURE Jamen was										3/13/98	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required											
12.	OTO		OFFICERS AN	ID DIRE	CTOF	RS DELETE		13.		175	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PTD	ıv	IOUANNEO E			LA DELETE		1.1 TITLE		ן אן	Paul Wieseneck
NAME			JOHANNES E		1.2 NAME						Taul Wiescyles
STREET ADDRESS								1.3 STREET ADDRESS			alm Beach Gardens FL 33410
CITY-ST-ZIP TITLE	VSD	4LM	DEACH FL		DELETE			1.4 CITY-ST-ZIP			The state of the s
NAME	RUMMEN	ıv ı	DATONIA			A COLLETT		2.2 NAME		TD	John J. South and a
STREET ADDRESS								2.3 STREET ADDRESS		١.	2249 Monet Road
	2183 REGENTS CIRCLE WEST PALM BEACH FL							2.4 CITY-ST-ZIP		10	alm Beach Gardens FL 33410
CITY-ST-ZIP TITLE	D	<u>YLIYI</u>	DEAUN FL			DELETE	_	2. 4 CHY 3.1 TITLE	- S1 - ZP	5 \	Change Addition
NAME	PETERSO	nn.	EDIC			H-10-10-10		3.2 NAME		ع د	s James Cowary
STREET ADDRESS		- •							T ADDRESS	١.	2245 MOMETRA
CITY-ST-ZIP	P.O BOX 2465 N/A JUPITER FL							3.4. CITY-		Ka	ilm Beach Gardens 1-633410
TITLE	JOI HEN	<u>, , , , , , , , , , , , , , , , , , , </u>				DELETE		4.1 TITLE	-31-24	ነ እ ~	Change Addition
NAME								4. 2 NAM		4	ramela suzy
1	STREET ADDRESS						4.3 STREET ADDRESS				2229 Monetard
CITY-ST-ZIP								4.4 CITY-		10	alm Beach Gardons FL33410
TITLE						DELETE	_	5.1 TITLE	OI-EN	 	☐ Change ☐ Addition
NAME								5.2 NAME			
STREET ADDRESS									T ADDRESS		
CITY-ST-ZIP								5.4 CITY-			
TITLE						DELETE	_	6.1 TITLE	VI EII		☐ Change ☐ Addition

14. 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 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 arn an officer or director of the corporation or the receiver or sustee 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 24 1998 8:00am

Secretary of State