FILE NOW: FILING FEE IS $61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90144 029 ****70.00

000160

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002271**

1. Corporation Name
HARBOUR POINT TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1201 U.S. HWY 1~~ ~~SUITE 435~~ ~~NORTH PALM BEACH FL 33408~~	~~1201 U.S. HWY 1~~ ~~SUITE 435~~ ~~NORTH PALM BEACH FL 33408~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 2251 MONET RD	26 2251 MONET RD	05/08/1995
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —	4. FEI Number 65-0663705 ☐ Applied For ☐ Not Applicable
City & State 23 PALM BEACH GARDENS, FL	City & State 28 PALM BEACH GARDENS, FL	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 33410 25 PALM BEACH	Zip / Country 29 33410 30 PALM BEACH	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WIESENECK, PAUL 2237 MONET RD 1201 U.S. HWY. ONE, SUITE 36 PALM BEACH GARDENS FL 33410	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WIESENECK, PAUL		1.2 NAME		
STREET ADDRESS	2237 MONET RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOUHARD, JOHN J		2.2 NAME		
STREET ADDRESS	2249 MONET RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☒ Addition
NAME	~~GOWAN, JAMES~~		3.2 NAME	DONALD ZALE	
STREET ADDRESS	~~2245 MONET RD~~		3.3 STREET ADDRESS	2241 MONET RD	
CITY-ST-ZIP	~~PALM BEACH GARDENS FL 33410~~		3.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SUZY, PAMELA		4.2 NAME		
STREET ADDRESS	2229 MONET RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	MARY FAIR	
STREET ADDRESS			5.3 STREET ADDRESS	2245 MONET RD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: J SIGNATURE REQUIRED SOUHARD 3/4/99 (561) 627-8830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #