## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9500002271 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name HARBOUR POINT TOWNHOMES HOMEOWNERS ASSOCIATION, 04-03-2000 90129 038 \*\*\*\*70.00 Principal Place of Business Mailing Address 2251 MONET RD 2251 MONET RD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-3448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0663705 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WIESENECK, PAUL 2237 MONET RD 1201 U.S. HWY, ONE, SUITE 36 Zip Code FL PALM BEACH GARDENS FL 33410 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition $\boldsymbol{\nabla}$ TITLE $\mathbf{P}$ ☐ Change TITLE ☐ Delete WIENER DAVID NAME NAME WIESENECK, PAUL ROAD STREET ADDRESS STREET ADDRESS ZZ 33 MONET 2237 MONET RD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS. PALM BEACH GARDENS FL 33410 ☐ Change ☐ Delete TITLE TITLE TD BRUCE BADE NAME NAME SOUHARD, JOHN J STREET ADDRESS ROAD 2225 MONET STREET ADDRESS 2249 MONET RD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS. PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition TITLE SD ☐ Delete TITLE NAME ZALE. DONALD NAME STREET ADDRESS STREET ADDRESS 2244 MONET RD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Change ☐ Addition Delete TITLE NAME NAME SUZY, PAMELA STREET ADORESS STREET ADDRESS 2229 MONET RD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 TITLE PD ☐ Delete TITLE ☐ Change Addition NAME FAIR, MARY STREET ADDRESS STREET ADDRESS 2245 MONET RD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 TITLE □ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

with all other like empowered.

changed, or on an attachme

SIGNATURE: