

DOCUMENT # N95000002271
1. Entity Name
HARBOUR POINT TOWNHOMES HOMEOWNERS ASSOCIATION.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90011 002 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2251 MONET RD
PALM BEACH GARDENS FL 33410

Mailing Address
2251 MONET RD
PALM BEACH GARDENS FL 33410

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 65-0663705
Applied For
Not Applicable

Zip Country
Country

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

6. Name and Address of Current Registered Agent
WIESENECK, PAUL
2237 MONET RD
1201 U.S. HWY. ONE, SUITE 36
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	WIESENECK, PAUL	2237 MONET RD	PALM BEACH GARDENS FL 33410	☐
TD	SOUHARD, JOHN J	2249 MONET RD	PALM BEACH GARDENS FL 33410	☐
SD	ZALE, DONALD	2244 MONET RD	PALM BEACH GARDENS FL 33410	☐
D	SUZY, PAMELA	2229 MONET RD	PALM BEACH GARDENS FL 33410	☐
PD	FAIR, MARY	2245 MONET RD	PALM BEACH GARDENS FL 33410	☐
D	WIENER, DAVID	2233 MONET ROAD	WEST PALM BEACH FL 33410	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	BADE, BRUCE	2225 MONET RD	PALM BCH GARDENS, FL 33410	☐	☒
				☐	☐
				☐	☐
				☐	☐
D	WIENER, DAVID	2233 MONET ROAD	PALM BEACH GARDENS, FL 33410	☒	☐

12. 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 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: SIGNATURE REQUIRED JOHN J. SOUTHARD 1/8/01 (561) 627-8838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)