2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000002271

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

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

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01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0663705
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WIESENECK, PAUL
2237 MONET RD
PALM BEACH GARDENS, FL 33410

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000074827
03/03/04-80035-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WIESENECK, PAUL
STREET ADDRESS	2237 MONET RD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD
NAME	ZALE, DONALD
STREET ADDRESS	2244 MONET RD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	WIENER, DAVID
STREET ADDRESS	2233 MONET ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paul M. Wieneck 2/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #