

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90008 001 \*\*\*\*61.25

**DOCUMENT #**

1. Corporation Name  
**Harbor Sound Homeowners Association, Inc.**

Principal Place of Business

Mailing Address

**601 S.W. 5th Ave.  
Ft. Lauderdale, FL 33315**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>601 SW 5th Ave FL</b>		26 <b>" Same</b>		Nov. 4, 1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				65-0806573	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Ft. Lauderdale, FL				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip	
33315		USA		30 Country	

**9. Name and Address of Current Registered Agent**

**Teri Kelso-Moore  
2900 E. Oakland Park Blvd.  
Ft. Lauderdale, FL 33306**

**10. Name and Address of New Registered Agent**

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 **Valerie Shea, Secretary** DATE **May 28'99**  
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	<b>President / Treasurer (D)</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>President (D)</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>Teri Kelso-Moore</b>			1.2 NAME	<b>Alexander Rogers (D)</b>		
STREET ADDRESS	<b>2900 E. Oakland Park Blvd.</b>			1.3 STREET ADDRESS	<b>601 SW 5th Ave.</b>		
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33306</b>			1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33315</b>		
TITLE	<b>Secretary (D)</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>Treasurer (D)</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>Sean Moore</b>			2.2 NAME	<b>Maureen Delamater</b>		
STREET ADDRESS	<b>2900 E. Oakland Park Blvd.</b>			2.3 STREET ADDRESS	<b>603 SW 5th Ave.</b>		
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33306</b>			2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33315</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<b>Secretary (D)</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	<b>Valerie Shea</b>		
STREET ADDRESS				3.3 STREET ADDRESS	<b>605 SW 5th Ave.</b>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33315</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<b>Merrill Sandbach (D)</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	<b>607 SW 5th Ave.</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>Ft. Lauderdale, FL 33315</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<b>Cynthia Wright (D)</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	<b>609 SW 5th Ave.</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>Ft. Lauderdale, FL 33315</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

**Valerie Shea / Secretary** 5/26/99 954-527-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)