

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90881 012 \*\*\*\*61.25

DOCUMENT # **N97000006243**

1. Entity Name

**Harbor Sound Homeowners' Association, Inc.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**601 S.W. 5th Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**Same.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

4. FEI Number

**65-0806573**

Applied For

Not Applicable

Zip

**33315**

Country

**USA**

Zip

**33315**

Country

**USA**

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

7. Name and Address of Current Registered Agent

Name **VALERIE SHEA**

Street Address (P.O. Box Number is Not Acceptable)  
**605 SW 5th Ave.**

City **Ft. Lauderdale FL** Zip Code **33315**

**DO NOT WRITE  
IN THIS SPACE**

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

**VALERIE SHEA, RA**

**4/24/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 **President (O.D.)**  
NAME **Alex Rogers**  
STREET ADDRESS **601 SW 5th Ave.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE **Treasurer (O.D.)**  
NAME **Maureen Delameter**  
STREET ADDRESS **603 SW 5th Ave**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE **Secretary (O.D.)**  
NAME **Valerie Shea**  
STREET ADDRESS **605 SW 5th Ave**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE **Director (D)**  
NAME **Merrill Sandbach**  
STREET ADDRESS **607 SW 5th Ave**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE **Director (D)**  
NAME **Cynthia Wright**  
STREET ADDRESS **609 SW 5th Ave**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**VALERIE SHEA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02 (954) 523-1985**

Date

Daytime Phone #

CR2E037B (12/01)