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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N98000007370

1. Corporation Name

HARBOR BEACH EXTENSION HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
2607 BARBARA DR. FT. LAUDERDALE FL 33316	2607 BARBARA DR. FT. LAUDERDALE FL 33316

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/31/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☒ Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

LOW

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRACEY, ODILE 2607 BARBARA DR. FT. LAUDERDALE FL 33316	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 _____ DATE
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 PRES NAME ROBERT GREGGAINS STREET ADDRESS 2619 GRACE DR CITY-ST-ZIP FT LAUD FL 33316	☐ DELETE D	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VI PRES NAME WAYNE JONES STREET ADDRESS 2613 GRACE DR CITY-ST-ZIP FT LAUD FL 33316	☐ DELETE D	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SEC/TREAS. NAME ODILE GRACEY STREET ADDRESS 2607 BARBARA DR. CITY-ST-ZIP FT LAUD FL 33316	☐ DELETE D	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DIRECTOR NAME BRUCE MEINKEN STREET ADDRESS 2637 BARBARA DR CITY-ST-ZIP FT LAUD 33316	☐ DELETE D	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME VIRGINIA ERDMAN STREET ADDRESS 2523 BARBARA DR. CITY-ST-ZIP FT LAUD 33316	☐ DELETE D	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME DAVID PURTILL STREET ADDRESS 2630 BARBARA DR CITY-ST-ZIP FT LAUD FL 33316	☐ DELETE D	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: ~~ODILE GRACEY~~ REQUIRED ODILE GRACEY 2/15/99 954-523-9201
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #