

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90038 008 ****61.25

DOCUMENT # N98000007370

1. Entity Name

HARBOR BEACH EXTENSION HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

2607 BARBARA DR.
 FT. LAUDERDALE FL 33316

2607 BARBARA DR.
 FT. LAUDERDALE FL 33316-3233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0899587

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRACEY, ODILE
2607 BARBARA DR.
FT. LAUDERDALE FL 33316

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **GREGGAINS, ROBERT**
 STREET ADDRESS **2619 GRACE DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Change ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐

TITLE **VPD** ☐ Delete
 NAME **JONES, WAYNE**
 STREET ADDRESS **2613 GRACE DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Change ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐

TITLE **STD** ☐ Delete
 NAME **GRACEY, ODILE**
 STREET ADDRESS **2607 BARBARA DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Change ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐

TITLE **D** ☐ Delete
 NAME **MEINKEN, BRUCE**
 STREET ADDRESS **2637 BABARA DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Change ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐

TITLE **D** ☐ Delete
 NAME **ERDMAN, VIRGINIA**
 STREET ADDRESS **2523 BARBARA DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Change ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐

TITLE **D** ☒ Delete
 NAME **PURTILL, DAVID**
 STREET ADDRESS **2630 BARBARA DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Change ☐
 NAME ☐
 STREET ADDRESS ☐
 CITY-ST-ZIP ☐

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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Odile Gracey **ODILE GRACEY** 2/1/00 954-523-92