

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007370

1. Entity Name

HARBOR BEACH EXTENSION HOMEOWNERS ASSOCIATION, I

Principal Place of Business

2607 BARBARA DR.  
FT. LAUDERDALE FL 33316

Mailing Address

2607 BARBARA DR.  
FT. LAUDERDALE FL 33316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0899587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE D ☐ Delete  
NAME JOY, TRIGLIA  
STREET ADDRESS 2624 MARION DR  
CITY-ST-ZIP FT LAUD FL 33316

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D - FLEMING ANDERSON ☐ Change ☒ Addition  
NAME 2618 BARBARA DR  
STREET ADDRESS FT LAUD FL 33316  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Odile Gracey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 954-523-9267  
Date Daytime Phone #

CR2E037 (10/00)