


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006618 1. Entity Name HARBOR BEACH HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3371 HARBOR BEACH DRIVE LAKE WALES, FL 33859	Mailing Address 3371 HARBOR BEACH DRIVE LAKE WALES, FL 33859
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DO NOT WRITE IN THIS SPACE



02032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3611042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOSSARTE, LAWRENCE 3371 HARBOR BEACH DRIVE LAKE WALES, FL 33853	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSSARTE, LAWRENCE 3371 HARBOR BEACH DRIVE LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEIKERT, ROBERT E 3471 HARBOR BEACH DRIVE LAKE WALES, FL 33859
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U00000848213
03/20/08-80008-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Laurence A. Bossarte</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>2-4-08</i> Date	<i>863 679-1850</i> Daytime Phone #
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