FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 728711

(3)

T. Corporation Name HARBORDALE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1001 SE 16TH ST. FT LAUDERDALE FL 33316 T. Corporation Name Mailing Address 1001 SE 16TH ST. FT LAUDERDALE FL 33316							
					3. Date Incorporated or Qualified 02/04/1974	3a. Date of Las 06/28/1	t Report 995
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 59-1612258		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Coun	try	This corporation has liability for int Florida Statutes	angible tax under s	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re-		
1500 W STE 207			8		ress (P.O. Box Number is Not Acceptable)		
STE 207 FORT LAUDERDALE FL 33309 84 City FL 85 Zip 0 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 reg familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE					p Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above	I ∋-named corpc	oration submits this statement for the purpo		registered office
familiar wi	ith, and accept the obligations of, Sect	da. Such change was authorize ion 617.0503, Florida Statutes.	ed by the co	rporation's boa	ard of directors. I hereby accept the appoin	itment as registered	l agent. I am
SIGNATURE							ļ
12.	Signature, typed or printed name of registered agont OFFICERS AN			gent signature require		DATE	
TITLE	D OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		
NAME	RICAHROS, CHARLES R					Change	Addition
STREET ADORESS	PO BOX 350006	N/Δ	1.2 NAM				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	//1		ET ADDRESS			
TITLE	D	□ DELETE	1.4 CITY 2.1 TITLE				
NAME	LAMBRECHTS, BETTINA	_	2.2 NAM			Change	☐ Addition
STREET ADDRESS	1010 SE 15 STR #210			ET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		2 4 CITY				
TITLE	T	DELETE	3 1 TITLE			☐ Change	☐ Addition
NAME	BRUMLEY, THOMAS		32 NAMI				L.J Addition
STREET ADDRESS	1001 SE 16 STR #7		33 STRE	ET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		3.4. CITY	-ST-ZIP			i
TITLE	P	DELETE	4.1 TITLE			☐ Change	Addition
NAME	CONNELLY, SUSAN		4. 2 NAM	E		<u> </u>	•
STREET ADDRESS	1010 SE 15TH ST 108		4.3 STREI	T ADDRESS			ļ
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY	ST-ZIP			İ
TITLE	S CHELL DODEDT	DELETE	5 1 TITLE			☐ Change	Addition
NAME	SHELL, ROBERT		5.2 NAME				- 1
STREET ADDRESS	1010 SE 15TH ST 207		5 3 STREE	T ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-	ST-ZIP			
TITLE		DELETE	6 1 TITLE		500001884	1 1 Change	□ Addition
NAME			6 2 NAME		-07/03/9601108	3005	<i>コ</i>
STREET ADDRESS			6.3 STREE	f address	***61.25		12 12
CITY-ST-ZIP			6 4 CITY -	ST - ZIP			14

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Blocky if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR