

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 728711

1. Corporation Name

FILED Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90108 007 ****61.25

| HARBORDALE CONDOMINIUM ASSOCIATION, INC. | | | | | | | | | | | |
|---|--|------------------|------------|-------------------------------------|-----------------|----------|--------------------|--|-----------------|-------------|------------|
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 1001 SE 16TH ST. 1001 SE 16TH ST. | | | | | | | 111 | B (10 B 10 B | M | | |
| FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 | | | | | | | | | | | |
| | | | | | _ | | | | | | |
| 2a. Mailing Address 21 26 | | | | | | | 02/04 | ncorporated or Qualif | ed | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | 4. FEI NU 50-16 | Imber 612258 | | | Applicable |
| 22 | | | | | | | | 712230 | | \$8.75 A | |
| City & State City & State | | | | | | | 5. Certifo | ate of Status Desired | | Fee Re | |
| Zip | Country Zip | | | Country | | | 6. Electio | n Campaign Financir | ng [] | \$5.00 | May Be |
| 24 | 25 | <u> </u> | 30 | | | | | und Contribution | | Added to | Fees |
| | 9. Name and Address of Current | Registered Agent | | 81 | Name | | 10. Name | and Address of Ne | w Registered | Agent | |
| , | | | | | | | | | | | |
| MILES, SAMMIE | | | | | Street A | ddres | s (P.O. Bo) | Number is Not Acce | eptable) | | 1 |
| 1323 SE 17TH STREET | | | | 83 | | | | | | | |
| SUITE 694 FORT LAUDERDALE FL 33316 | | | | | | | | | | 85 Zip C | - ode |
| | | | | | City | | | | FL | . | |
| 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 Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | | | Registered | Agen | t signature rec | quired w | hen reinstating) | ONS/CHANGES TO | OFFICERS A | ND DIRECTO | RS IN 12 |
| 12. | OFFICERS AND | DIRECTORS DELETE | 1.1 TI | TI E | Т | D | | | | Chance | Addition |
| TITLE ' | LAUCCHIA, GLENE | | | 12 NAME CA | | | 10/00 | RICARDS 166 ST. H derdale, | | | l |
| STREET ADDRESS | 1001 SE 16TH ST, #4 | | | 1.3 STREET ADDRESS | | | ol SE | 166 ST. H | 13 | | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 00000 33316 | | | 1.4 CITY-ST-ZIP | | | T. LAU | derdale, | FL 3 <u>331</u> | 6 | |
| TITLE | | | | 2.1 TITLE | | | | | | Change | Addition |
| NAME \ | | | 2.2 N | 2.2 NAME | | | | | | | , |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 00000 33316 | | | 2. 4 CITY-ST-ZIP | | | | | | TENON | ☐ Addition |
| TITLE | 7 1 | | | 3.1 TITLE D | | | 1630 | A Thonve | vel. | Change | ☐ Addition |
| NAME | MILITOLII, WILLIAM | | | 3.2 NAME /2 | | | NI SE | 16 ST. #1 | 3 | | - |
| STREET ADDRESS | 1323 SE 17TH STREET, #694 | | | 3.3 STREET ADDRESS 3.4. C/TY-ST-ZIP | | | T / NIN | lendale, PC | 772 | 11 | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 00000 333 | 16 □ DELETE | 3.4. C | | T-ZIP | <u> </u> | · LATURA | CHARLETT | <u> </u> | ☐ Change | Addition |
| TITLE | N EC CALME | | 4.2 N | | - 1 | | | • | • | , 🗀 | _ |
| NAME STREET ADDRESS | MILES, SAMMIE 1323 SE 17TH ST, #694 | | | | ADDRESS | | | | • | • | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33316 | | | TY-\$1 | | | | | | | |
| TITLE | D | ☐ DELETE | 5.1 TI | | | | | | | ☐ Change | Addition |
| NAME | MURRAY, JANET BENTON | | 5.2 N | AME | | | | | | | ' |
| STREET ADDRESS | | | 5.3 \$ | TREET | ADDRESS | | | , | | | ,. [|
| CITY-ST-ZIP | FT LAUDERDALE FL 33316 | | | TY-SI | r-zap | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TI | | T | | | • | * | Change | ☐ Addition |
| NAME | 1 | | 6.2 N | | | | | | | | ļ |
| STREET ADORESS | | | 6.3 S | TREET | ADDRESS | | | | | | Ì |

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:

HAVING CALLING CONTROL OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CROFO37