2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 13, 2001 8:00 am Secretary of State **DOCUMENT # 728711** 1. Entity Name HARBORDALE CONDOMINIUM ASSOCIATION, INC. 08-13-2001 90144 020 ****61.25 Principal Place of Business Mailing Address 1001 SE 16TH ST. 1001 SE 16TH ST. FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1612258 Not Applicable Zip Country Country ... \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILES, SAMMIE Street Address (P.O. Box Number is Not Acceptable) 1323 SE 17TH STREET SUITE 694 FORT LAUDERDALE FL 33316 City 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 \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RICARDS, CHARLES NAME NAME STREET ADDRESS 1001 SE 16TH STREET - #13 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DECKER, JEAN NAME NAME STREET ADDRESS 1001 SE 16TH ST. #10-----STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE Delete TITLE Change MICHAEL MILLER ☐ Addition THORVENEL, BARBARA NAME NAME STREET ADDRESS 1001 SE 16 STREET 313 STREET ADDRESS FT. LAUDERDALE FL \$3316 CITY-ST-7IP FT LAUDERDALE, FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MILES, SAMMIE NAME NAME STREET ADDRESS 1323 SE 17TH ST, #694 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP Delete TITLE Change ☐ Addition CONNELLY, SUE LOOL SE 16 ST. #4 NAME NAME 1001 SE 16TH 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP FT LAUDERDALE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

954-462-4239