

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 APR 29 AM 9: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **730265** (6)

1. Corporation Name

HARWOOD "B" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**25 HARWOOD B
DEERFIELD BEACH FL 33442**

**25 HARWOOD B
DEERFIELD BEACH FL 33442-3423**

3. Date Incorporated or Qualified
07/23/1974

3a. Date of Last Report
04/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1899630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOROTHY, JAY
HARWOOD "B" #25
DEERFIELD BEACH FL 33442**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PDT | <input type="checkbox"/> DELETE |
| NAME | JAY, DOROTHY | |
| STREET ADDRESS | HARWOOD B 25 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | LINEWSKI, MARGARET | |
| STREET ADDRESS | HARWOOD B 28 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | RSD | <input type="checkbox"/> DELETE |
| NAME | SCHLEHMER, BEA | |
| STREET ADDRESS | HARWOOD B 34 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |

| | | |
|----------------|---------------------------------|--|
| TITLE | CSD | <input checked="" type="checkbox"/> DELETE |
| NAME | GORDON, CHARLOTTE (COR.) | |
| STREET ADDRESS | HARWOOD B-39 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | TRES. | <input type="checkbox"/> DELETE |
| NAME | DOROTHY JAY | |
| STREET ADDRESS | 25 HARWOOD B | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------|
| 1.1 TITLE | 000002159900-1-0 |
| 1.2 NAME | -04/29/97--01109--001 |
| 1.3 STREET ADDRESS | **15190.00 *****61.25 |

| | |
|-----------------|---|
| 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------------|---|

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE REQUIRED **1-6-97** **DOROTHY H. JAY** **954-417-0667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0042825**

CR2E037 (9/96)