

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730373 (8)

1. Corporation Name

HARWOOD "J" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

GLORIA SCHNEIDER -112 DEERFIELD BCH FL 33442

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3. Date Incorporated or Qualified 08/05/1974

3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1901564

Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

CONDOMINIUM OWNERS ORGANIZATION CENTURY
3501 WEST DRIVE
DEERFIELD BEACH FL FL 33442-2085

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, GLORIA	
STREET ADDRESS	HARWOOD J 112	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEITON, ROSELLE	
STREET ADDRESS	HARWOOD J 130	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, HARRY	
STREET ADDRESS	HARWOOD J 124	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YUDIN, SYLVIA	
STREET ADDRESS	HARWOOD J131	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, SHIRLEY R.	
STREET ADDRESS	HARWOOD J115	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ROBERT	
STREET ADDRESS	HARWOOD J112	
CITY-ST-ZIP	DEERFIELD BEACH FL	

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSLIN KUR	
1.3 STREET ADDRESS	109 HARWOOD J	
1.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEVITON, ROSELLE	
2.3 STREET ADDRESS	HARWOOD J #130	
2.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
3.1 TITLE	D/SIMON, BETTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	HARWOOD J 119	
3.4 CITY-ST-ZIP	DEERFIELD BCH, FL	
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	100001797831	
5.3 STREET ADDRESS	-04/29/96-01024--001	
5.4 CITY-ST-ZIP	***15128.75	
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 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gloria Schneider*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA SCHNEIDER - PRES.

2/28/96

Date

428-1482

Daytime Phone #

CR2E037 (12/95)

4/27/96