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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730373 (8)
1. Corporation Name
HARWOOD "J" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business GLORIA SCHNEIDER -112 DEERFIELD BCH FL 33442	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 04/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1901564 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHNEIDER, GLORIA HARWOOD J 112 DEERFIELD BEACH FL	1.1 TITLE	P SCHNEIDER, GLORIA
NAME		1.2 NAME	HARWOOD J 112
STREET ADDRESS		1.3 STREET ADDRESS	DEERFIELD BCH, FL 33442
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD LEVITON, ROSELLE HARWOOD J 130 DEERFIELD BEACH FL 33442	2.1 TITLE	300002159313--3
NAME		2.2 NAME	-04/29/97--01109--001
STREET ADDRESS		2.3 STREET ADDRESS	**15190.00 *****61.25
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SIMON, BETTY HARWOOD J 119 DEERFIELD BCH FL	3.1 TITLE	D HARRY GOLDSTEIN
NAME		3.2 NAME	HARWOOD J 124
STREET ADDRESS		3.3 STREET ADDRESS	DEERFIELD BCH, FL 33442
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD YUDIN, SYLVIA HARWOOD J131 DEERFIELD BCH FL	4.1 TITLE	D ROBERT SCHNEIDER
NAME		4.2 NAME	HARWOOD J 112
STREET ADDRESS		4.3 STREET ADDRESS	DEERFIELD BCH FL 33442
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KLEIN, SHIRLEY R. HARWOOD J115 DEERFIELD BEACH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD KUR, ROSLIN 109 HARWOOD J DEERFIELD BEACH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: [Signature] 2-2-97 1-254-428-1482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078949

CR2E037 (9/96)