

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # 730373**

1. Entity Name  
**HARWOOD "J" CONDOMINIUM ASSOCIATION, INC.**



FILED  
04 APR 27 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**66413094**



MOORE CR2E037 (11/03)

Principal Place of Business C/O COOCVE 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085	Mailing Address C/O COOCVE 3501 WEST DRIVE DEERFIELD BCH FL 33442-2085
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1901564</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	SCHNEIDER, GLORIA	<input type="checkbox"/> Delete
NAME		HARWOOD J 112	
STREET ADDRESS		DEERFIELD BCH FL 33442	
CITY-ST-ZIP			
TITLE	SD	LEVITON, ROSELLE	<input type="checkbox"/> Delete
NAME		HARWOOD J 130	
STREET ADDRESS		DEERFIELD BEACH FL 33442	
CITY-ST-ZIP			
TITLE	D	BERKOWITZ, FLORGANCE	<input checked="" type="checkbox"/> Delete
NAME		HARWOOD J 124	
STREET ADDRESS		DEERFIELD BEACH FL 33442	
CITY-ST-ZIP			
TITLE	D	SCHNEIDER, ROBERT	<input type="checkbox"/> Delete
NAME		HARWOOD J112	
STREET ADDRESS		DEERFIELD BCH FL 33442	
CITY-ST-ZIP			
TITLE	D	KLEIN, SHIRLEY R.	<input type="checkbox"/> Delete
NAME		HARWOOD J115	
STREET ADDRESS		DEERFIELD BEACH FL	
CITY-ST-ZIP			
TITLE	VD	KUR, ROSLIN	<input type="checkbox"/> Delete
NAME		109 HARWOOD J	
STREET ADDRESS		DEERFIELD BEACH FL	
CITY-ST-ZIP			

TITLE	D	MURRAY FORMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		125 HARWOOD J	
STREET ADDRESS		DEERFIELD BCH, FL 33442	
CITY-ST-ZIP			
TITLE		200034617282	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		04/29/04--01020--001 **15006.25	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DSADIE WEINSTEIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		117 HARWOOD J	
STREET ADDRESS		DEERFIELD, BCH, FL. 33442	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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.

SIGNATURE: Gloria Schneider **GLORIA SCHNEIDER** PRESIDENT 2/27/04 1-954-428-1482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #