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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745713 (8)
1. Corporation Name
HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE, INC.



Principal Place of Business C/O MIAMI MANAGEMENT 20803 BISCAYNE BLVD #203 AVENTURA FL 33180 US	Mailing Address C/O MIAMI MANAGEMENT 20803 BISCAYNE BLVD #203 AVENTURA FL 33180-1429 US
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3. Date Incorporated or Qualified 01/25/1979	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2014439	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

2. Principal Place of Business 21 Miami Management, Inc. Suite, Apt. #, etc. 22 14275 SW 142 Avenue City & State 23 Miami Fl Zip 24 33186	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIFKIN, ELIOT
9200 S. DADELAND BLVD
SUITE 700
MIAMI FL 33186**

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	D <input checked="" type="checkbox"/> DELETE
NAME	ELIAHU, DANIEL
STREET ADDRESS	427 LESLIE DR.
CITY-ST-ZIP	HALLANDALE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	STEPHENS, RAY
STREET ADDRESS	531 LESLIE DRIVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BALSAMELO, MARJORIE
STREET ADDRESS	607 LESLIE DR.
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FARINHAS, JULES
STREET ADDRESS	355 LESLIE DRIVE
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	GROB, ARLENE
STREET ADDRESS	603 LESLIE DR
CITY-ST-ZIP	HALLANDALE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	VENTURA, PAMELA
STREET ADDRESS	2719 PARKVIEW DR
CITY-ST-ZIP	HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lincoln R. John
1.3 STREET ADDRESS	349 Lelie Drive
1.4 CITY-ST-ZIP	Hallandale FL 33009
2.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
5.2 NAME	Peshkin, George
5.3 STREET ADDRESS	2707 Parkview Drive
5.4 CITY-ST-ZIP	Hallandale FL 33306
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HEGEMANN, WILLIAM
6.3 STREET ADDRESS	355 Leslie Drive
6.4 CITY-ST-ZIP	Hallandale FL 33009

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:

Pamela Ventura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033410

CR2E037 (9/96)