## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 04, 2008 8:00 am Secretary of State

1. Entity Name HARBORDALE CONDOMINIUM ASSOCIATION, INC.									04-04-200	8 90022 01	[8 *****6]	23
Principal Place of Business 1001 SE 16TH ST. FT LAUDERDALE, FL 33316			Mailing Address 1001 SE 16TH ST. FT LAUDERDALE, FL 33316							#181 81811 <b>81811 818</b>		IMARI BI ARRI
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03172008 Chg-NP CR2E037 (12/06)					
City & State			City & State					4. FEI Numbe 59-161			<u> </u>	oplied For ot Applicable
Zip	Zip Country		Zip	Zip Con		untry		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
<del> </del>	6. Name a	and Address of Current	Registered #	\gent		Namo		7. Name and	Address of New	Registered A	\gent	
BRUMELEY, THOMAS 1001 SE 16TH ST #3				-			Name Street Address (P.O. Box Number is Not Acceptable)					
PO BOX 4	60682	, FL 33346										
						City				FL	Zip Cod	e
	e named entity : tions of register	submits this statement for red agent.	or the purpose	of changing its	registere	ed office o	r register	ed agent, or bo	th, in the State of	Florida. I am f	amiliar with,	and accept
	Signature, typed or	r printed name of registered agent	and title if applicat	de. (NOTE	: Registere	d Agent signa	harmene recoursed	when reinstation)		DATE		
							ioro roquiio					
	_	is \$61.25 ay 1, 2008		9. Election Cam Trust Fund C				\$5.00 May B		Make check orlda Depar		
10.	Due by Ma		RECTORS					\$5.00 May B Added to Fees		Make check orlda Depar	tment of S	tate '
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by Ma D B, TOM 1001 SE 16	OFFICERS AND DI			11. TITLE NAMI	ion.		\$5.00 May B Added to Fees	ANGES TO OFFIC	Make check orlda Depar	tment of S	tate '
TITLE NAME STREET ADDRESS	Due by Ma  D B, TOM 1001 SE 16 FORT LAUI D CLOUTIES 1001 SE 16	OFFICERS AND DI STH ST #13 DERDALE, FL 33346 , CHRISTINE	6	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E EET ADDRESS -ST-2IP	Tom	\$5.00 May B Added to Fees DDITIONS/CH	ANGES TO OFFIC	Make check orlda Depar	RECTORS IN	tate :
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by Ma  D B, TOM 1001 SE 16 FORT LAUI D CLOUTIES. 1001 SE 16 FORT LAUI D TATE, BRA 1001 SE 16	OFFICERS AND DI OFFICERS AND DI OFFICERS AND DI OFFI AND	6	Trust Fund C	11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	Tom	\$5.00 May B Added to Fees DDITIONS/CH	ANGES TO OFFIC	Make check orlda Depar	tment of Si	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by Ma  D B, TOM 1001 SE 16 FORT LAUI D CLOUTIES. 1001 SE 16 FORT LAUI D TATE, BRA 1001 SE 16 FT. LAUDE D DENNISON 100 SE 15T FORT LAUI D BENTON M 1001 SE 16	OFFICERS AND DI OFFICERS AND D	6	Trust Fund C	11. TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	Tom	\$5.00 May B Added to Fees DDITIONS/CH	ANGES TO OFFIC	Make check orlda Depar	RECTORS IN Phange	4 10 Addition Addition

I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fforida 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: