

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 PM 5:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/04/95--01001--001  
\*\*2260.00 \*\*\*\*130.00  
DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 730367 (0)  
1. Corporation Name  
HARWOOD "H" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
CENTURY VILLAGE EAST HARWOOD H-71 DEERFIELD BEACH FL 33442  
CENTURY VILLAGE EAST HARWOOD H-71 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 08/05/1974 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1861424 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code  
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the filer, applicable. (201) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, SYLVIA	12 NAME	
STREET ADDRESS	HARWOOD H 71	13 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, SONIA	22 NAME	
STREET ADDRESS	HARWOOD H 83	23 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKLESTEIN, HELEN	32 NAME	
STREET ADDRESS	HARWOOD H - 78	33 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, HELEN	42 NAME	
STREET ADDRESS	HARWOOD H-80	43 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(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: Sylvia Diamond, S.I.V. & D.I.R.M. & V.D. 1/07/1995 426 0109  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Filing Fee \$