

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

DOCUMENT # 730367

1. Entity Name

HARWOOD 'H' CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

CENTURY VILLAGE EAST
 HARWOOD H-71
 DEERFIELD BEACH FL 33442

Mailing Address

CENTURY VILLAGE EAST
 HARWOOD H-71
 DEERFIELD BEACH FL 33442-3454

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1861424

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
 NAME **DIAMOND, SYLVIA**
 STREET ADDRESS **HARWOOD H 71**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **V** Delete
 NAME **FRUCHTENBERG, ALICE**
 STREET ADDRESS **HARWOOD H 88**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **TD LUONGO** Delete
 NAME **LUONGO, JOSEPH**
 STREET ADDRESS **HARWOOD H 75**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **SD** Delete
 NAME **LEGMAN, ANITA**
 STREET ADDRESS **HARWOOD H-73**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change 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: Sylvia Diamond **DIAMOND** 2/14/00 426.0109
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (9/99)