

2002 UNIFORM BUSINESS REPORT (UBR)

0096201

DOCUMENT # 730367

1. Entity Name

HARWOOD "H" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 10:04

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

2. Principal Place of Business

3. Mailing Address

CENTURY VILLAGE EAST

CENTURY VILLAGE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HARWOOD H-76

HARWOOD H-76

City & State

City & State

DEERFIELD BEACH, FL

DEERFIELD BEACH, FL

Zip

Country

Zip

Country

33442

33442

4. FEI Number

59-1861424

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 field space.

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-04/12/02--01058--001

15067.50 **61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIAMOND, SYLVIA	
STREET ADDRESS	HARWOOD H 71	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRUCHTENBERG, ALICE	
STREET ADDRESS	HARWOOD H 68	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LUGNGO, JOSEPH	
STREET ADDRESS	HARWOOD H 75	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEGMAN, RUDOLPH	
STREET ADDRESS	HARWOOD H-73	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, NORMA	
STREET ADDRESS	HARWOOD H-76	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUONGO, JOSEPH	
STREET ADDRESS	HARWOOD H-75	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, ARNOLD	
STREET ADDRESS	HARWOOD H 76	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ROBERTA	
STREET ADDRESS	HARWOOD H 72	
CITY-ST-ZIP	DEERFIELD BEACH FL	
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: Norma Weiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/14/02
Daytime Phone #: 954-5709879

CR2E037 (9/01)