FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730368 (8)

1. Corporation Name

HARWOOD "I" CONDOMINIUM ASSOCIATION, INC.

700001474577
-05/04/95--01001--001
**32.50 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
HARWOOD I - 93 DEERFIELD BCH FL 33442	HARWOOD I - 93 DEERFIELD BCH FL 33442

3. Date Incorporated or Qualified: 03/05/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1900515 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	FOUX, BELLA	12 NAME	
STREET ADDRESS	HARWOOD I-100	13 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BRATT, RIVA	22 NAME	
STREET ADDRESS	HARWOOD I-89	23 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	RUBIN, BEATRICE	32 NAME	
STREET ADDRESS	HARWOOD I-93	33 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	PD ☒ Change ☐ Addition
NAME	RUBIN, IRVING	42 NAME	KELLER, MARVIN A.
STREET ADDRESS	HARWOOD I-93	43 STREET ADDRESS	HARWOOD I-101
CITY ST ZIP	DEERFIELD BEACH FL	44 CITY ST ZIP	DEERFIELD BEACH, FL. 33442
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	FOUX, MAURICE	52 NAME	
STREET ADDRESS	HARWOOD I-100	53 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	SM511 ☐ Change ☐ 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 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: Beatrice Rubin 3/1/95 305-428-9348
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
Beatrice Rubin

0050260