

2002 UNIFORM BUSINESS REPORT (UBR)

0075667

DOCUMENT # 730368

1. Entity Name

HARWOOD "I" CONDOMINIUM ASSOCIATION, INC. ✓

Principal Place of Business

HARWOOD I 94
DEERFIELD BCH FL 33442

Mailing Address

A.J. WALLACE MGT. CONS.
P.O. BOX 273632
BOCA RATON FL 33427

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 AM 10:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Harwood I # 99

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Zip

33442

Country

Zip

Country

4. FEI Number

59-1900515

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 SD
NAME QUIGLEY, CHARLES ☐ Delete
STREET ADDRESS 100 HARWOOD I
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD
NAME RAYMAN, HARVEY ☐ Delete
STREET ADDRESS 99 HARWOOD I
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE TD
NAME FOX, ROSE ☐ Delete
STREET ADDRESS 91 HARWOOD I
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☒ Delete
NAME TRAFFICANT, ROBERT
STREET ADDRESS 87 HARWOOD I
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VD ☐ Delete
NAME HYMAN, SYLVIA
STREET ADDRESS HARWOOD I-105
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☒ Delete
NAME NEITZ, ED
STREET ADDRESS 97 HARWOOD I
CITY-ST-ZIP DEERFIELD BEACH FL 33442

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP D ☒ Change ☐ Addition
NAME QUIGLEY, CHARLES
STREET ADDRESS 100 HARWOOD I
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition
NAME 800005258098--4
STREET ADDRESS -04/12/02--01058--001
CITY-ST-ZIP **15067.50 *****61.25

TITLE D ☒ Change ☐ Addition
NAME FOX, ROSE
STREET ADDRESS 91 HARWOOD I
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE SD ☐ Change ☒ Addition
NAME KELLER, MARVIN
STREET ADDRESS 101 HARWOOD I
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE TD ☒ Change ☐ Addition
NAME HYMAN, SYLVIA
STREET ADDRESS 105 HARWOOD I
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition
NAME *Br/n*
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: *[Signature]*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)