

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **737630** (4)  
1. Corporation Name  
**HARWOOD "D" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **HARWOOD D APT.4040 DEERFIELD BEACH 33442**  
Mailing Address: **HARWOOD D APT.4040 DEERFIELD BEACH 33442**

3. Date Incorporated or Qualified: **12/23/1976**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1904569**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address: Suite, Apt. #, etc.  
26. City & State  
27. Zip  
28. Country

9. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANIZATION CENTRUY VI  
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  
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GELLER, HERMAN	
STREET ADDRESS	4027 HARWOOD D	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, MARGIE	
STREET ADDRESS	3043 HARWOOD D	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	IMHOFF, SALLY	
STREET ADDRESS	2042 HARWOOD D	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDMANN, LEOPOLD	
STREET ADDRESS	4040 HARWOOD D	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TROINI, DOMINICK	
STREET ADDRESS	4026 HARWOOD D	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, JAY	
STREET ADDRESS	1038 HARWOOD D	
CITY-ST-ZIP	DEERFIELD BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOYER MARTIN	
1.3 STREET ADDRESS	3027 1 HARWOOD	
1.4 CITY-ST-ZIP	Deerfield Bch FL	
2.1 TITLE	STANTON, JOAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2039 HARWOOD D	
2.3 STREET ADDRESS	Deerfield Bch, Fla	
2.4 CITY-ST-ZIP		
3.1 TITLE	MAUSAMAN, WALLACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1044 HARWOOD D	
3.3 STREET ADDRESS	Deerfield Bch, Fla.	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	600001797836	
4.4 CITY-ST-ZIP	-04/29/96--01024--001	
5.1 TITLE	***15128.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 for on an attachment with an address.

SIGNATURE: Leopold Goldmann LEOPOLD GOLDMANN Date: 1/26/96 Daytime Phone #: 954 427-6028

CR2E037 (12/95)