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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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 Mailing Address
HARWOOD D APT.4040 HARWOOD D APT.4040
DEERFIELD BEACH 33442 DEERFIELD BEACH 33442

3. Date Incorporated or Qualified 12/23/1976
3a. Date of Last Report 04/27/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1904569		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION CENTRUY VI
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VICE PRESIDENT
NAME	BOXER, MARTIN	1.2 NAME	SALLY IMHOFF
STREET ADDRESS	3027 HARWOOD D	1.3 STREET ADDRESS	2042 HARWOOD D
CITY - ST - ZIP	DEERFIELD BCH FL	1.4 CITY - ST - ZIP	DEERFIELD BCH, FL.
TITLE	D PRESIDENT	2.1 TITLE	DIRECTOR
NAME	STANTON, JOAN	2.2 NAME	STRAUSS, FRED
STREET ADDRESS	2039 HARWOOD D	2.3 STREET ADDRESS	3037 HARWOOD D
CITY - ST - ZIP	DEERFIELD BEACH FL	2.4 CITY - ST - ZIP	DEERFIELD BCH, FL
TITLE	DIRECTOR	3.1 TITLE	DIRECTOR
NAME	MAUGAMAN, WALLACE	3.2 NAME	KLEIN, MARGIE
STREET ADDRESS	1044 HARWOOD D	3.3 STREET ADDRESS	3043 HARWOOD D
CITY - ST - ZIP	DEERFIELD BCH FL	3.4 CITY - ST - ZIP	DEERFIELD BCH, FL
TITLE	PD	4.1 TITLE	DIRECTOR
NAME	GOLDMANN, LEOPOLD	4.2 NAME	HERMAN, MARTIN
STREET ADDRESS	4040 HARWOOD D	4.3 STREET ADDRESS	3040 HARWOOD D
CITY - ST - ZIP	DEERFIELD BCH FL	4.4 CITY - ST - ZIP	DEERFIELD BCH, FL.
TITLE	DIRECTOR	5.1 TITLE	400002159304
NAME	JACOBS, JAY	5.2 NAME	-04/29/97--01109--001
STREET ADDRESS	1038 HARWOOD D	5.3 STREET ADDRESS	**15190.00 *****61.25
CITY - ST - ZIP	DEERFIELD BCH. FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078867

Jacob Steinfeld

Mar 19, 97

CR2E037 (9/96)