

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90163 001 14,638.75

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **737630**

1. Corporation Name  
**HARWOOD "D" CONDOMINIUM ASSOC. INC.**

Principal Place of Business Mailing Address  
**HARWOOD D Apt. 2039 HARWOOD D Apt 2039**  
**DEERFIELD BCH. FL 33442 DEERFIELD BCH. FL,**  
**33442** **12/23/1976**

21 <b>HARWOOD D</b>	26 <b>HARWOOD D</b>	3. Date Incorporated or Qualified <b>59-1904569</b>
22 <b>2039</b>	27 <b>2039</b>	4. FEI Number Applied For Not Applicable
23 <b>DEERFIELD BCH. FL.</b>	28 <b>DEERFIELD BCH. FL.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 <b>33442</b> 25 <b>BROWARD</b>	29 <b>33442</b> 30 <b>BROWARD</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>CONDOMINIUM OWNERS ORGANIZATION</b> <b>3501 WEST DRIVE</b> <b>DEERFIELD BCH. FL. 33442-2085</b>		10. Name and Address of New Registered Agent <b>NON-PROFIT CORP.</b> <b>OWES NO INTANGIBLE TAX</b>	
81 <b>NON-PROFIT CORP.</b>		82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>DEERFIELD BCH. FL.</b>		84 City <b>FL</b> 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 Joan H. Stanton, Pres. DATE 2/16/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOAN STANTON</b>		1.2 NAME <b>BONNIE LACAVA</b>	
STREET ADDRESS <b>2039 HARWOOD D</b>		1.3 STREET ADDRESS <b>4044 HARWOOD D</b>	
CITY-ST-ZIP <b>2039 HARWOOD D</b>		1.4 CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SALLY IMHOFF</b>		2.2 NAME	
STREET ADDRESS <b>2042 HARWOOD D</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>2042 HARWOOD D</b>		2.4 CITY-ST-ZIP	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRED STRAUSS</b>		3.2 NAME	
STREET ADDRESS <b>3037 HARWOOD D</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>3037 HARWOOD D</b>		3.4 CITY-ST-ZIP	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JAY JACOBS</b>		4.2 NAME	
STREET ADDRESS <b>1038 HARWOOD D</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>1038 HARWOOD D</b>		4.4 CITY-ST-ZIP	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BEA JACOBS</b>		5.2 NAME	
STREET ADDRESS <b>1038 HARWOOD D</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>1038 HARWOOD D</b>		5.4 CITY-ST-ZIP	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARCUS KRANTZ</b>		6.2 NAME	
STREET ADDRESS <b>3031 HARWOOD D</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>3031 HARWOOD D</b>		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Joan H. Stanton **JOAN H. STANTON** 2/16/99 **954-426-6167**  
Signature and typed or printed name of signing officer or director Day Daytime Phone #

CR2E037 (1/198)