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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:18

DOCUMENT # **745713** **(8)**

1. Corporation Name

HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE , INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT P.O. BOX 801338 AVENTURA FL 33180 US	C/O MIAMI MANAGEMENT P.O. BOX 801338 AVENTURA FL 33180 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2014439 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

RIFKIN, ELIOT
ONE DATRON CENTER, SUITE 410
9100 S. DADELAND BLVD.
MIAMI FL 33156

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 _____ DATE
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	ELIAHU, DANIEL	12 NAME	
STREET ADDRESS	427 LESLIE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, RAY	22 NAME	
STREET ADDRESS	531 LESLIE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	24 CITY-ST-ZIP	
TITLE	TDP	31 TITLE	☐ Change ☐ Addition
NAME	BALSAMELLO, MARJORIE	32 NAME	
STREET ADDRESS	607 LESLIE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FARINHAS, JULES	42 NAME	
STREET ADDRESS	355 LESLIE DRIVE	43 STREET ADDRESS	
CITY ST ZIP	HALLANDALE, FL 00000	44 CITY ST ZIP	
TITLE	D	51 TITLE	X Change ☐ Addition
NAME	PETERS, JOE	52 NAME	Gjoba, Arlene 603 Leslie Drive Hallandale, Fla 33009
STREET ADDRESS	2653 PARKVIEW DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	X Change ☐ Addition
NAME	COPLAN, DAVID	62 NAME	Ventura, Pamela 2719 Parkview Dr. Hallandale, Fla 33009
STREET ADDRESS	2681 PARKVIEW DRIVE	63 STREET ADDRESS	
CITY ST ZIP	HALLANDALE FL	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)(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 or added on an attachment with an address.

SIGNATURE: X _____ 3-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #