

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 # **745713 (8)**

1. Corporation Name
HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE, INC.



Principal Place of Business Mailing Address
C/O MIAMI MANAGEMENT
~~P.O. BOX 80033~~
AVENTURA FL 33180
US

3. Date Incorporated or Qualified **01/25/1979** 3a. Date of Last Report **03/29/1995**

2. Principal Place of Business 2a. Mailing Address
21 **20803 Biscayne Blvd** 26 **20803 Biscayne Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 203** 27 **Suite 203**
City & State City & State
23 **Aventura FL** 28 **Aventura FL**
Zip Country Zip Country
24 **33180 USA** 29 **33180 USA** 30 **USA**

4. FEI Number **59-2014439** Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
RIFKIN, ELIOT
~~x ONE PATRON CENTER SUITE 418~~
~~x 8100 S DADELAND BLVD~~
~~x MIAMI FL 33156~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9200 S Dadeland Blvd Ste 700
83
84 City **Miami** 85 Zip Code **FL 33186**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD ELIAHU, DANIEL 427 LESLIE DR. HALLANDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEPHENS, RAY 531 LESLIE DRIVE HALLANDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDP BALSAMELLO, MARJORIE 607 LESLIE DR. HALLANDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARINHAS, JULES 355 LESLIE DRIVE HALLANDALE, FL 00000 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROB, ARLENE 603 LESLIE DR HALLANDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VENTURA, PAMELA 2719 PARKVIEW DR HALLANDALE FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Eliahu Daniel 427 Leslie Dr Hallandale Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TD Balsamello, Marjorie 607 Leslie Dr Hallandale Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	PD Ventura, Pamela 2719 Parkview Dr Hallandale Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: Pamela Ventura President Date: 2-20-96 Daytime Phone #: 954 454-0033

CR2E037 (12/95)

HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE, INC.

1996 ANNUAL REPORT, NON PROFIT CORPORATION
FEI# 59-2014439

ADDITIONAL BOARD OF DIRECTOR MEMBERS:

SD
Ophelia Cecic
5630 Hollywood Blvd.
Hollywood, FL 33021

D
George Peshkin
2707 Parkview Drive
Hallandale, FL 33009

D
William Hegemann
355 Leslie Drive
Hallandale, FL 33009