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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745713 (8)
1. Corporation Name
HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE, INC.



Principal Place of Business C/O MIAMI MANAGEMENT 20803 BISCAYNE BLVD #203 AVENTURA FL 33180 US	Mailing Address C/O MIAMI MANAGEMENT 20803 BISCAYNE BLVD #203 AVENTURA FL 33180-1429 US
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3. Date Incorporated or Qualified 01/25/1979	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 Miami Management, Inc. Suite, Apt. #, etc. 22 14275 SW 142 Avenue City & State 23 Miami Fl Zip 24 33186	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number 59-2014439	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RIFKIN, ELIOT
9200 S. DADELAND BLVD
SUITE 700
MIAMI FL 33186**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Lincoln R. John	
1.3 STREET ADDRESS 349 Lelie Drive	
1.4 CITY-ST-ZIP Hallandale FL 33009	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Peshkin, George	
5.3 STREET ADDRESS 2707 Parkview Drive	
5.4 CITY-ST-ZIP Hallandale FL 33009	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME HEGEMANN, WILLIAM	
6.3 STREET ADDRESS 355 Leslie Drive	
6.4 CITY-ST-ZIP Hallandale FL 33009	

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: Pamela Ventura **REQUIRED** 4/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033410

CR2E037 (9/96)