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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
MIAMI MANAGEMENT, INC  
14275 SW 142 AVE  
MIAMI FL 33183  
US  
C/O MIAMI MANAGEMENT  
20803 BISCAYNE BLVD #203  
AVENTURA FL 33180  
US

3. Date Incorporated or Qualified  
01/25/1979  
4. FEI Number  
59-2014439  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 C/O ROBERTS MANAGEMENT Suite, Apt. #, etc.  
22 1840 NE 153 STREET  
23 NORTH MIAMI BEACH, FL  
24 33162  
25 Country  
26 C/O ROBERTS MANAGEMENT Suite, Apt. #, etc.  
27 1840 NE 153 STREET  
28 NORTH MIAMI BEACH, FL  
29 33162  
30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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  
ROBERTS MANAGEMENT & REALTY  
82 Street Address (P.O. Box Number is Not Acceptable)  
1840 NE 153 STREET  
83  
84 City  
NORTH MIAMI BEACH FL  
85 Zip Code  
33162

11. Pursuant to the provisions of Sections 617.0503 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]* VP, ROBERTS MANAGEMENT 3/25/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN, LINCOLN R	
STREET ADDRESS	349 LESIE DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input checked="" 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 checked="" 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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID CRAVKS	
2.3 STREET ADDRESS	2615 PARKVIEW DRIVE	
2.4 CITY-ST-ZIP	HALLANDALE, FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM HAZEMAN	
4.3 STREET ADDRESS	355 LESLIE DRIVE	
4.4 CITY-ST-ZIP	HALLANDALE, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Pamela Ventura* President 4-21-98 206-947-3199

CR2E037 (10/97)

**HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE, INC.  
FEI 59-2014439  
ADDITIONAL OFFICERS & DIRECTORS**

**DT  
MARJORIE BALSAMELLO  
607 LESLIE DRIVE  
HALLANDALE, FL**

**D  
NANCY KLOVE  
351 LESLIE DRIVE  
HALLANDALE, FL**

**D  
SANDY STEINBERG  
2627 PARKVIEW DRIVE  
HALLANDALE, FL**

**D  
MIKE SVAG  
2609 PARKVIEW DRIVE  
HALLANDALE, FL**