


FILED
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Secretary of State

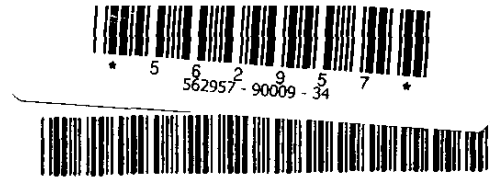
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745713

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

Principal Place of Business C/O ROBERTS MANAGEMENT 1840 NE 153 STREET NORTH MIAMI FL 33162 US	Mailing Address C/O ROBERTS MANAGEMENT 1840 NE 153 STREET NORTH MIAMI FL 33162 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/25/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2014439
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ROBERTS MANAGEMENT & REALTY 1840 NE 153 STREET NORTH MIAMI BEACH FL 33162	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME JOHN, LINCOLN R	1.1 TITLE D VP	NAME GERALD DONOVAN BORG
STREET ADDRESS 349 LEJIE DR	CITY-ST-ZIP HALLANDALE FL	1.2 NAME 413 LESLIE DR.	1.3 STREET ADDRESS HALLANDALE, FL
TITLE SD	NAME CRANKS, DAVID	2.1 TITLE D	NAME MARSHA MCBROY
STREET ADDRESS 2615 PARKVIEW DRIVE	CITY-ST-ZIP HALLANDALE FL	2.2 NAME 2631 PARKVIEW DR.	2.3 STREET ADDRESS HALLANDALE, FL
TITLE TD	NAME BALSAMELLO, MARJORIE	3.1 TITLE D	NAME JULES FARINHAS
STREET ADDRESS 607 LESLIE DR.	CITY-ST-ZIP HALLANDALE FL	3.2 NAME 357 LESLIE DR	3.3 STREET ADDRESS HALLANDALE, FL
TITLE D	NAME HAGEMAN, WILLIAM	4.1 TITLE D	NAME ASHLEY KRAMER
STREET ADDRESS 355 LESLIE DRIVE	CITY-ST-ZIP HALLANDALE, FL 00000	4.2 NAME 431 LESLIE DR.	4.3 STREET ADDRESS HALLANDALE, FL
TITLE D	NAME GROB, ARLENE	5.1 TITLE D P	NAME ARLENE GROB
STREET ADDRESS 603 LESLIE DR	CITY-ST-ZIP HALLANDALE FL	5.2 NAME 603 LESLIE DR.	5.3 STREET ADDRESS HALLANDALE, FL
TITLE PD	NAME VENTURA, PAMELA	6.1 TITLE D S	NAME PAMELA VENTURA
STREET ADDRESS 2719 PARKVIEW DR	CITY-ST-ZIP HALLANDALE FL	6.2 NAME 2719 PARKVIEW DR.	6.3 STREET ADDRESS HALLANDALE FL

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: ARLENE GROB DATE: 5/26/99 DAYTIME PHONE: 954-456-1513

CR2E037 (11/98)