

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 30, 2008
Secretary of State**

DOCUMENT# 745713

Entity Name: HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE, INC.

Current Principal Place of Business:

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 S UNIVERSITY DRIVE, SUITE 101
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 S UNIVERSITY DRIVE, SUITE 101
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 59-2014439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMAN SPECTOR & MARS,
MUSEUM TOWER - 27TH FLOOR
150 W. FLAGLER
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHLUSSEL, MATHEW
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: VPD () Delete
Name: GURTMAN, DAVIE
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: DT () Delete
Name: MACLEAN, SARAH
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: SD () Delete
Name: BUSBY, JOSEPH
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: RICE, JOHN
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: FRIEDLANDER, STANLEY
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GURTMAN, DAVID
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SILVESTRI, GINA
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATHEW SCHLUSSEL

PD

07/30/2008

Electronic Signature of Signing Officer or Director

_____ Date