

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000009031

1. Entity Name
HARMONY DEVELOPMENT CENTER, INC.



Principal Place of Business

**1304 SW 160TH AVENUE
SUITE 219
SUNRISE, FL 33326**

Mailing Address

**1304 SW 160TH AVENUE
SUITE 219
SUNRISE, FL 33326**

DO NOT WRITE IN THIS SPACE



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
80-0004598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOLDMAN, CHARLES J
601 S. FEDERAL HIGHWAY
HOLLYWOOD, FL 33020**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CAMPO, MYRIAM
1304 SW 16TH AVE., STE. 219
SUNRISE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PARTIN, MARY
1304 SW 16TH AVE., STE. 219
SUNRISE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COSTA, ARTHUR
1304 SW 16TH AVE., STE. 219
SUNRISE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000122873
04/21/04-80048-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Amos J. Campo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #