

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90132 012 ****70.00

DOCUMENT # N11367 1. Entity Name HARBORDALE SCHOOL ASSOCIATION, INC.					
Principal Place of Business 900 SE 15TH STREET FT. LAUDERDALE FL 33316			Mailing Address 900 SE 15TH STREET FT. LAUDERDALE FL 33316		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2643105	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, MARY S 804 SE 7TH STREET FT LAUDERDALE FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARKER, MARY S		NAME		
STREET ADDRESS	804 SE 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	GUERRO, SUZANNE		NAME	SANTORO, MICHELLE	
STREET ADDRESS	900 SE 15TH STREET		STREET ADDRESS	900 SE 15TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316		CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	P	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	LONGWAY, KIMBERLY		NAME	VEGA, AMY	
STREET ADDRESS	900 SE 15TH ST		STREET ADDRESS	900 SE 15TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	VD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	RYDER, NANCY		NAME		
STREET ADDRESS	1309 CORDOVA ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	STURMAN, WARREN		NAME		
STREET ADDRESS	900 SE 15TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	P/D	☒ Change ☐ Addition
NAME	SAKHOVSKY, NICHOLAS		NAME		
STREET ADDRESS	900 SE 15TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
12. 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 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: <u>Mary S. Parker</u> MARY S. PARKER <u>3-30-05</u> <u>954-524-2622</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					