


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90277 030 \*\*\*\*61.25

<b>DOCUMENT # N11367</b> 1. Entity Name <b>HARBORDALE SCHOOL ASSOCIATION, INC.</b>					
Principal Place of Business <b>900 SE 15TH STREET FT. LAUDERDALE, FL 33316</b>			Mailing Address <b>900 SE 15TH STREET FT. LAUDERDALE, FL 33316</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PARKER, MARY S 804 SE 7TH STREET FT LAUDERDALE, FL 33301</b>			Name <b>MARYANN COCKERILLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>719 PONCE DE LEON DR.</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33316</b>		
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 <i>Maryann Cockerille</i> <b>MARYANN COCKERILLE TREASURER</b> <b>4/10/06</b> <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>PARKER, MARY S</b> <b>804 SE 7TH STREET</b> <b>FORT LAUDERDALE, FL 33301</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>COCKERILLE, MARYANN</b> <b>719 PONCE DE LEON DR.</b> <b>FT. LAUDERDALE, FL. 33316</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>SANTORO, MICHELLE</b> <b>900 SE 15TH STREET</b> <b>FT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>VEGA, AMY</b> <b>900 SE-15TH ST</b> <b>FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>RYDER, NANCY</b> <b>1309 CORDOVA ROAD</b> <b>FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>STURMAN, WARREN</b> <b>900 SE 15TH STREET</b> <b>FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>SAKHOVSKY, NICHOLAS</b> <b>900 SE 15TH STREET</b> <b>FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <i>Maryann Cockerille</i> MARYANN COCKERILLE 4/10/06 954-610-3423</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					