


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90028 038 \*\*\*\*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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2643105</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COCKERILLE, MARYANN 719 ONCE DE LEON DR FORT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<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 COCKERILLE, MARYANN 719 PONCE DE LEON DR FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VD SANTORO, MICHELLE 900 SE 15TH STREET FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VD VEGA, AMY 900 SE-15TH ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SD RYDER, NANCY 1309 CORDOVA ROAD FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D STURMAN, WARREN 900 SE 15TH STREET FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SAKHNOVSKY, NICHOLAS 900 SE 15TH STREET FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SD SUZANNE DORNAU 1609 SW 15 TER. FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input checked="" 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:</b> <i>Maryann Cockerille</i> <b>COCKERILLE</b> <i>2/6/07</i> <b>954-610-3423</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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