

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737630

**FILED**  
**Mar 01, 2021**  
**Secretary of State**  
**9654653864CC**

**Entity Name:** HARWOOD "D" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

EAST COAST MAINTENANCE & MANAGEMENT  
410 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

EAST COAST MAINTENANCE & MANAGEMENT  
410 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 59-1904569

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EAST COAST MAINTENANCE & MANAGEMENT  
EAST COAST MAINTENANCE & MANAGEMENT  
410 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

*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

**Officer/Director Detail :**

Title VP  
Name NUDELMAN, MYRNA  
Address 2044 HARWOOD D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title PRESIDENT, DIRECTOR  
Name BOURQUE, PAUL  
Address 3032 HARWOOD D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name WETTERER, TOM  
Address 4037 HARWOOD D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title TREASURER  
Name DELLINGER, BILL  
Address EAST COAST MAINTENANCE &  
MANAGEMENT  
410 S MILITARY TRAIL  
City-State-Zip: DEERFIELD BEACH FL 33442

Title SECRETARY, DIRECTOR  
Name FILTEAU, MICHEL  
Address 3031 HARWOOD D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR  
Name TORTORICI, SERAFINA  
Address 3039 HARWOOD D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR  
Name SMITH, RENATA  
Address 4038 HARWOOD D  
City-State-Zip: DEERFIELD BEACH FL 33442

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL BOURQUE

**PRESIDENT**

**03/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date