FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**32760.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 737630 (4)

1. Corporation Name

HARWOOD "D" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HARWOOD D ~~APT 4040~~ APT 4040 DEERFIELD BEACH FL 33442	HARWOOD D APT ~~4040~~ 4040 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 12/23/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1904569 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. # etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION CENTRUY VI
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GELLER, HERMAN	12 NAME	
STREET ADDRESS	4027 HARWOOD D	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	14 CITY-ST-ZIP	
TITLE	~~PD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~WEINSTEIN, ALBERT~~ D MARGIE KLEIN	22 NAME	
STREET ADDRESS	~~1042 HARWOOD D~~ 3043 Harwood D	23 STREET ADDRESS	
CITY-ST-ZIP	~~DEERFIELD BCH FL~~ Deerfield Bch, FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	IMHOFF, SALLY	32 NAME	
STREET ADDRESS	2042 HARWOOD D	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	34 CITY-ST-ZIP	
TITLE	~~VD~~ PD	41 TITLE	☐ Change ☐ Addition
NAME	GOLDMANN, LEOPOL	42 NAME	
STREET ADDRESS	4040 HARWOOD D	43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TROINI, DOMINICK	52 NAME	
STREET ADDRESS	4026 HARWOOD D	53 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JACOBS, JAY	62 NAME	
STREET ADDRESS	1038 HARWOOD D	63 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	64 CITY-ST-ZIP	

DP 5/1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Leopol Goldman LEOPOL GOLDMAN 1/20/95 305 427-6021
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0050208