

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90099 002 \*\*\*\*\*61.25

0047210

**DOCUMENT # 745713**

1. Entity Name

**HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE**

Principal Place of Business

Mailing Address

C/O CASTLE MGMT.  
P.O. BOX 189013  
PLANTATION FL 33318  
US

C/O CASTLE MGMT.  
P.O. BOX 189013  
PLANTATION FL 33318  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2014439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTLE MGMT., INC.**  
**4450 WEST SUNRISE BOULEVARD**  
**SUITE C-100**  
**FORT LAUDERDALE FL 33313**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **DONENEBERG, GERALD**  
STREET ADDRESS **413 LESLIE DR**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☒ Change ☐ Addition  
NAME **LOTMAN, ALLEN**  
STREET ADDRESS **2735 PARKVIEW DR.**  
CITY-ST-ZIP **HALLANDALE, FL**

TITLE **D** ☐ Delete  
NAME **MCELROY, MARSHA**  
STREET ADDRESS **2631 PARKVIEW DR**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ Change ☐ Addition  
NAME **LOTMAN, ALLEN**  
STREET ADDRESS **2735 PARKVIEW DR.**  
CITY-ST-ZIP **HALLANDALE, FL**

TITLE **TD** ☐ Delete  
NAME **BALSAMELO, MARJORIE**  
STREET ADDRESS **607 LESLIE DR.**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ Change ☐ Addition  
NAME **LOTMAN, ALLEN**  
STREET ADDRESS **2735 PARKVIEW DR.**  
CITY-ST-ZIP **HALLANDALE, FL**

TITLE **D** ☒ Delete  
NAME **HAGEMAN, WILLIAM**  
STREET ADDRESS **355 LESLIE DRIVE**  
CITY-ST-ZIP **HALLANDALE, FL 00000**

TITLE **VD** ☐ Change ☒ Addition  
NAME **LOTMAN, ALLEN**  
STREET ADDRESS **2735 PARKVIEW DR.**  
CITY-ST-ZIP **HALLANDALE, FL**

TITLE **DP** ☐ Delete  
NAME **GROB, ARLENE**  
STREET ADDRESS **603 LESLIE DR**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME **LOTMAN, ALLEN**  
STREET ADDRESS **2735 PARKVIEW DR.**  
CITY-ST-ZIP **HALLANDALE, FL**

TITLE **DS** ☐ Delete  
NAME **VENTURA, PAMELA**  
STREET ADDRESS **2719 PARKVIEW DR**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE **SD** ☒ Change ☐ Addition  
NAME **LOTMAN, ALLEN**  
STREET ADDRESS **2735 PARKVIEW DR.**  
CITY-ST-ZIP **HALLANDALE, FL**

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:

*Arlene Grob, President* 1/18/01 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)