

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND FILED

95 APR 28 PM 6:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 762703 (7)  
 1. Corporation Name  
 HALSTEAD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 7830 N W 33RD ST 7830 N W 33RD ST  
 DAVIE FL 33024 DAVIE FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1982  
 3a. Date of Last Report 04/28/1994  
 4. FEI Number 59-2219154  
 Applied For Not Applicable  
 5. Certificate of Status Desired  \$0.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
 22. City & State 27. City & State  
 23. Zip Country 28. Zip Country  
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
 ODOWD, RANDY  
 4801 S.W. 202ND AVENUE  
 FT. LAUDERDALE FL 33332

10. Name and Address of New Registered Agent  
 B1. Name  
 B2. Street Address (P.O. Box Number is Not Acceptable)  
 B3.  
 B4. City FL B5. 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 registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JESSE, RANDY
STREET ADDRESS	7830 NW 33 ST #308
CITY - ST - ZIP	DAVIE FL
TITLE	D
NAME	ADAMS, KIM
STREET ADDRESS	7830 NW 33 ST #304
CITY - ST - ZIP	DAVIE, FL 00000
TITLE	SD
NAME	FANKHAUSER, CINDY
STREET ADDRESS	6801 SW 42 CT
CITY - ST - ZIP	DAVIE FL
TITLE	VD
NAME	FANKHAUSER, RICHARD
STREET ADDRESS	4711 S.W. 186 AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	PUGH, MARY
STREET ADDRESS	7830 N.W. 33 ST., #105
CITY - ST - ZIP	DAVIE, FL 00000
TITLE	PD
NAME	ODOWD, RANDY
STREET ADDRESS	4801 S.W. 202ND AVENUE
CITY - ST - ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAROLYN JANDS	
1.3 STREET ADDRESS	7830 NW 33RD ST #206	
1.4 CITY - ST - ZIP	DAVIE, FL 33024	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Pugh MARY PUGH Date: 4/28/95 305-135-6000 EXT. 47410 (Hydra Form 4)