

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **7830 N W 33RD ST DAVIE FL 33024**
 Mailing Address: **7830 N W 33RD ST DAVIE FL 33024**

3. Date Incorporated or Qualified: **04/01/1982**
 3a. Date of Last Report: **04/28/1995**
 4. FEI Number: **59-2219154**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
 81. Name: **MARY PUGH**
 82. Street Address (P.O. Box Number is Not Acceptable): **7830 N.W. 33 ST #105**
 83.
 84. City: **DAVIE** FL 85. Zip Code: **33024**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Mary Pugh* DATE: **7/27/96**
 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	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JANOS, CAROLYN		1.2 NAME:
STREET ADDRESS: 7830 NW 33RD #206		1.3 STREET ADDRESS:
CITY-ST-ZIP: DAVIE FL		1.4 CITY-ST-ZIP:
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ADAMS, KIM		2.2 NAME: JUDITH HICKLIN
STREET ADDRESS: 7830 NW 33 ST #304		2.3 STREET ADDRESS: 7830 N.W. 33ST # 204
CITY-ST-ZIP: DAVIE, FL 00000		2.4 CITY-ST-ZIP: DAVIE, FL 33024
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FANKHAUSER, CINDY		3.2 NAME:
STREET ADDRESS: 6801 SW 42 CT		3.3 STREET ADDRESS:
CITY-ST-ZIP: DAVIE FL		3.4 CITY-ST-ZIP:
TITLE: VD	<input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FANKHAUSER, RICHARD		4.2 NAME: PD
STREET ADDRESS: 4711 S.W. 186 AVE.		4.3 STREET ADDRESS:
CITY-ST-ZIP: FT. LAUDERDALE FL		4.4 CITY-ST-ZIP:
TITLE: TD	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PUGH, MARY		5.2 NAME:
STREET ADDRESS: 7830 N.W. 33 ST., #105		5.3 STREET ADDRESS:
CITY-ST-ZIP: DAVIE, FL 00000		5.4 CITY-ST-ZIP:
TITLE: PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ODOWD, RANDY		6.2 NAME: BILL AUERBACH
STREET ADDRESS: 4801 S.W. 202ND AVENUE		6.3 STREET ADDRESS: 321 S.W. 78 TERR.
CITY-ST-ZIP: FT. LAUDERDALE FL		6.4 CITY-ST-ZIP: NORTH LAUDERDALE, FL 33068

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 617, 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* DATE: **7/27/96**
 SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARY PUGH**
 Daytime Phone #: **954-735-6000**
 Evening Phone #: **571-4740**

CR2E037 (3/96)