

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 33024-2275
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3. Date Incorporated or Qualified <b>04/01/1982</b>	3a. Date of Last Report <b>08/01/1996</b>
4. FEI Number <b>59-2219154</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**PUGH, MARY**  
7830 NW 33 ST. #105  
DAVIE FL 33024

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JANOS, CAROLYN</b>
STREET ADDRESS	<b>7830 NW 33RD #206</b>
CITY-ST-ZIP	<b>DAVIE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HICKLIN, JUDITH</b>
STREET ADDRESS	<b>7830 NW 33ST #204</b>
CITY-ST-ZIP	<b>DAVIE, FL 00000</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>FANKHAUSER, CINDY</b>
STREET ADDRESS	<b>6801 SW 42 CT</b>
CITY-ST-ZIP	<b>DAVIE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>FANKHAUSER, RICHARD</b>
STREET ADDRESS	<b>4711 S.W. 186 AVE.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>PUGH, MARY</b>
STREET ADDRESS	<b>7830 N.W. 33 ST., #105</b>
CITY-ST-ZIP	<b>DAVIE, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AUERBAUGH, BILL</b>
STREET ADDRESS	<b>321 SW 78 TERRACE</b>
CITY-ST-ZIP	<b>NORTH LAUDERDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>VPD AUERBACH, BILL</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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** *Mary Pugh* **TD** Date: **5/15/97** 954/432-6927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0023778

CR2E037 (9/96)