

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

**FILED**

**May 21 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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**  
4. FEI Number: **59-2219154**  
Applied For:  Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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: \_\_\_\_\_ 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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANOS, CAROLYN</b>	1.2 NAME	<b>JORGE SALAMANCA</b>
STREET ADDRESS	<b>7830 NW 33RD #206</b>	1.3 STREET ADDRESS	<b>7830 NW 33 ST #506</b>
CITY-ST-ZIP	<b>DAVIE FL</b>	1.4 CITY-ST-ZIP	<b>DAVIE, FL. 33024</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKLIN, JUDITH</b>	2.2 NAME	
STREET ADDRESS	<b>7830 NW 33ST #204</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FANKHAUSER, CINDY</b>	3.2 NAME	
STREET ADDRESS	<b>6801 SW 42 CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FANKHAUSER, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>4711 S.W. 186 AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUGH, MARY</b>	5.2 NAME	
STREET ADDRESS	<b>7830 N.W. 33 ST., #105</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUERBACH, BILL</b>	6.2 NAME	
STREET ADDRESS	<b>321 SW 78 TERRACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH LAUDERDALE FL</b>	6.4 CITY-ST-ZIP	

14. 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 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 T Pugh* **MARY T PUGH** 5/19/98 954-432-6927

CR2E037 (10/97)