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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90104 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762703

1. Corporation Name
HALSTEAD CONDOMINIUM ASSOCIATION, INC.

473584 - 90104 - 8 4 *

Principal Place of Business 7830 N W 33RD ST DAVIE FL 33024	Mailing Address 7830 N W 33RD ST DAVIE FL 33024
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/01/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2219154
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SALAMANCA, JORGE		1.2 NAME KENNETH DAMES	
STREET ADDRESS 7830 NW 33RD STREET, SUITE 506		1.3 STREET ADDRESS 7830 NW 33RD ST APT#304	
CITY-ST-ZIP DAVIE FL 33024		1.4 CITY-ST-ZIP DAVIE, FL 33024	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HICKLIN, JUDITH		2.2 NAME	
STREET ADDRESS 7830 NW 33ST.#204		2.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE, FL 00000		2.4 CITY-ST-ZIP	
TITLE D	<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 D	<input type="checkbox"/> DELETE	4.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FANKHAUSER,RICHARD		4.2 NAME	
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 D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AUERBACH, BILL		6.2 NAME CAROLYN JANOS	
STREET ADDRESS 321 SW:78 TERRACE		6.3 STREET ADDRESS 7830 NW 33RD ST APT.#206	
CITY-ST-ZIP NORTH LAUDERDALE FL		6.4 CITY-ST-ZIP DAVIE, FL 33024	

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, with all other like empowered.

SIGNATURE: MARYSITEN PUGH *Marysiten Pugh* 4/27/99 954-432-6927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)