

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0038642

**DOCUMENT # 762703**

1. Entity Name

**HALSTEAD CONDOMINIUM ASSOCIATION, INC.**

04-24-2001 90007 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7830 N W 33RD ST  
 DAVIE FL 33024

7830 N W 33RD ST  
 DAVIE FL 33024

643269



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2219154

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                            |
|----------------|-------------------------------|--------------------------------------------|
| TITLE NAME     | SD DAMES, KENNETH             | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 7830 NW 33RD ST, APT 304      |                                            |
| CITY-ST-ZIP    | DAVIE FL 33024                |                                            |
| TITLE NAME     | PD HICKLIN, JUDITH            | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 7830 NW 33ST #204             |                                            |
| CITY-ST-ZIP    | DAVIE FL                      |                                            |
| TITLE NAME     | D FANKHAUSER, CINDY           | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 6801 SW 42 CT                 |                                            |
| CITY-ST-ZIP    | DAVIE FL                      |                                            |
| TITLE NAME     | VD FANKHAUSER, RICHARD        | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 4711 S.W. 186 AVE.            |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL             |                                            |
| TITLE NAME     | TD PUGH, MARY                 | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 7830 N.W. 33 ST., #105        |                                            |
| CITY-ST-ZIP    | DAVIE FL                      |                                            |
| TITLE NAME     | D MORALES, SHERIZA            | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 7830 NW 33RD STREET APT # 104 |                                            |
| CITY-ST-ZIP    | DAVIE FL 33024                |                                            |

|                |                      |                                                                              |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE NAME     |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                      |                                                                              |
| CITY-ST-ZIP    |                      |                                                                              |
| TITLE NAME     | D SUSAN FANKHAUSER   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 7740 NW 32nd ST.     |                                                                              |
| CITY-ST-ZIP    | DAVIE, FL. 33024     |                                                                              |
| TITLE NAME     | D NANCY ROSAS        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 7830 NW 33rd ST #204 |                                                                              |
| CITY-ST-ZIP    | DAVIE, FL 33024      |                                                                              |
| TITLE NAME     |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                      |                                                                              |
| CITY-ST-ZIP    |                      |                                                                              |
| TITLE NAME     | D LINDA MILLER       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 7830 NW 33rd ST #208 |                                                                              |
| CITY-ST-ZIP    | DAVIE, FL 33024      |                                                                              |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Pugh* REMARVED PUGH

4/19/01 954-432-6927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)