

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

FILED

05 APR 18 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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05/10/05--01051--007 **306.25



DOCUMENT # 762703			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address <i>C/O Assoc Management Group, Inc.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>PO BOX 630280</i>	
City & State		City & State <i>Miami, FL</i>	
Zip	Country	4. FEI Number 59-2219154	Applied For <input type="checkbox"/> Not Applicable
<i>33163-0280</i>	<i>USA</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOORE, FRIZELL J 7830 NW 33 ST. #203 DAVIE, FL 33204		Name <i>RANDALL K. ROGER + Associates, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1021 NW 53RD ST, STE 300</i> City <i>COCA RATON</i> FL Zip Code <i>33487</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Randall K. Roger, Pres.</i> <i>Randall K. Roger, Pres of Randall K. Roger + Associates, P.A.</i> 4-11-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELEZ, ANA 7830 NW 33RD ST, APT 203 DAVIE, FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGDA ROBLES 10380 NW 10 ST PLANTATION, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, FRIZELL J 7830 NW 33RD STREET, APT 203 DAVIE, FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARLENE MARTINEZ 9470 TANGERINE PL #201 DAVIE, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VARGAS, JOHN 7830 NW 33RD STREET, APT 101 DAVIE, FL 33204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELANIE LOBO 7830 NW 33 ST, #305 DAVIE, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGLEY, LINDA 7830 NW 33RD STREET #201 DAVIE, FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGE SALAMANCA 10090 NW 6 ST PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, DENISE 7830 N.W. 33 ST., #507 DAVIE, FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINDY DEATON 7830 NW 33 ST, #308 DAVIE, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHAMMED BASAAM TUMBAH 7830 NW 33 ST, #306 DAVIE, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 names empowered.			
SIGNATURE: <i>Magda Robles as President</i>		Date: <i>4/4/05 (954) 937-4186</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

page 2 of 2

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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o Assoc. Management Group, Inc. Suite, Apt. #, etc. PO BOX 630280 MIAMI, FL Zip 33163-0280 Country USA
City & State MIAMI, FL		4. FEI Number 59-2219154
Zip 33163-0280		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MOORE, FRIZELL J 7830 NW 33 ST. #203 DAVIE, FL 33204		7. Name and Address of New Registered Agent Name RANDALL K. ROGER + Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53RD ST, STE. 300 City BOCA RATON FL Zip Code 33487
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>Randall K. Roger, Pres</i> Randall K. Roger, Pres of Randall K Roger + Associates, P.A. 4-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD <input checked="" type="checkbox"/> Delete	NAME VELEZ, ANA	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7830 NW 33RD ST, APT 203	CITY-ST-ZIP DAVIE, FL 33024	NAME AROOJ KHALID
TITLE TD <input checked="" type="checkbox"/> Delete	NAME MOORE, FRIZELL J	STREET ADDRESS 7830 NW 33 ST, APT. 103
STREET ADDRESS 7830 NW 33RD STREET, APT 203	CITY-ST-ZIP DAVIE, FL 33024	CITY-ST-ZIP DAVIE, FL 33024
TITLE SD <input checked="" type="checkbox"/> Delete	NAME VARGAS, JOHN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7830 NW 33RD STREET, APT 101	CITY-ST-ZIP DAVIE, FL 33204	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input checked="" type="checkbox"/> Delete	NAME MAGLEY, LINDA	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7830 NW 33RD STREET #201	CITY-ST-ZIP DAVIE, FL 33024	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input checked="" type="checkbox"/> Delete	NAME BOSWELL, DENISE	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7830 N.W. 33 ST., #507	CITY-ST-ZIP DAVIE, FL 33024	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Magda Nobleva</i> Magda Nobleva President		4/4/05 (954) 937-4186 <small>Date City/State Phone #</small>