


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # 762703 1. Entity Name HALSTEAD CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7830 N W 33RD ST APT 207 DAVIE, FL 33024	Mailing Address 7830 N W 33RD ST APT 207 DAVIE, FL 33024
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2219154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF BROUGH, CHADROW & LEVINE
1900 N COMMERCE PARKWAY
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, DAVID E 7830 NW 33RD STREET APT 407 DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARAGNI, DOMINICK 7830 NW 33RD STREET #207 DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANKLIN, MARY ANN 7830 NW 33RD STREE #208 DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEATON, CYNTHIA 7830 NW 33RD STREET APT 308 DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000866559
04/08/08-80034-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Domnick Maragni 3-17-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #