

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90020 012 ****61.25

DOCUMENT # N02000008529

1. Entity Name
HALLANDALE BEACH SPORTS COMPLEX, INC.



Principal Place of Business
**400 S. FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

Mailing Address
**400 S. FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

54037889



04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
43-1983212

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOVE, DAVID
400 S. FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
**D
ROSS, DOROTHY
400 S. FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHILLER, FRANCINE
400 S. FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PAPE, CHARITY
400 S. FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TFD
ANTONIO, MARK
400 S. FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
JULIAN, WILLIAM
400 S. FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COOPER, JOY
400 S. FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

954-457-1300

Date

Daytime Phone #