2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009163

Entity Name: HALIBUT HOUSE CONDOMINIUM ASSOCIATION, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1005 SW 15TH AVE FORT LAUDERDALE, FL 33312		1005 SW 15TH AVE UNIT 6 FORT LAUDERDALE, FL 33312	
Current Mailing Address:		New Mailing Address:	
1005 SW 15TH AVE FORT LAUDERDALE, FL 33312		1005 SW 15TH AVE UNIT 6 FORT LAUDERDALE, FL 33312	
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33			

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition Name: KOPPEL, DALE Name: Address: 1005 SW 15TH AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CAREY, DONALD E
 Name:
 GARRETT, LANCE

 Address:
 1005 SW 15TH AVE
 Address:
 1005 SW 15TH AVE

City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete Title: D (X) Change () Addition

 Name:
 KEARSLEY, BLAISE
 Name:
 GARRETT, VICTORIA

 Address:
 1005 SW 15TH AVE
 Address:
 1005 SW 15TH AVE

City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE KOPPEL D/P 04/28/2004