


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90063 028 \*\*\*\*61.25

**DOCUMENT # N03000009163**

1. Entity Name  
**HALIBUT HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1005 SW 15TH AVE UNIT 6  
 FORT LAUDERDALE, FL 33312**

Mailing Address  
**1005 SW 15TH AVE UNIT 6  
 FORT LAUDERDALE, FL 33312**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 220324**  
 Suite, Apt. #, etc.

02152005 Chg-NP CR2E037 (10/03)

City & State  
**Hollywood FL**

Zip  
**33022**

Country  
**Broward**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE, FL 33311-4132**

7. Name and Address of New Registered Agent

Name  
**VICTORIA GARRETT**

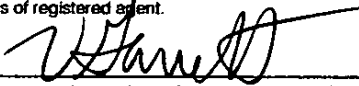
Street Address (P.O. Box Number is Not Acceptable)  
**2618 TAFT ST.**

City  
**Hollywood**

State  
**FL**

Zip Code  
**33020**

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  DATE **2/15/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

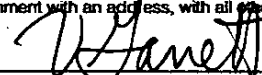
Filing Fee is **\$81.25**  
 Due by **May 1, 2005**

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

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	DP KOPPEL, DALE 1005 SW 15TH AVE FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, LANCE 1005 SW 15TH AVE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D GARRETT, LANCE 2618 TAFT ST HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, VICTORIA 1005 SW 15TH AVE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D GARRETT, VICTORIA 2618 TAFT ST HOLLYWOOD FL 33020
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 fee empowered.

SIGNATURE:  DATE **2/15/05**

Signature and typed or printed name of signing officer or director