2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2006 8:00 am Secretary of State DOCUMENT # N03000009163 03-28-2006 90110 008 ****61 25 HALIBUT HOUSE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1005 SW 15TH AVE UNIT 6 PO BOX 220324 HOLLYWOOD, FL 33022 FORT LAUDERDALE, FL 33312 3. Mailing Address 2. Principal Place of Business 0055W15AUR Suite, Apt. #, etc. Suite, Apt. #, etc 01172006 Cha-NP CR2E037 (11/05) City & State FEI Number NOT APPLICABLE Applied For t. Lauderdale Not Applicable Zio Country \$8.75 Additional Country 5. Certificate of Status Desired US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARRETT, VICTORIA Street Address (P.O. Box Number is Not Acceptable) **2618 TAFT ST** HOLLYWOOD, FL 33020 1005 SW 15 Ave #3 Zip Code 33312 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 9. Election Campaign Financing \$5.00 May Be Added to Fees Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 28 Delete TITLE TILE ☐ Addition Julia Rabolli 1005 sw 15 Ave #3 GARRETT, LANCE NAME NAME STREET ADDRESS **2618 TAFT ST** STREET ADDRESS Fort Lauderdale, FL 33312 Reza Rafaty D CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP D Delete TTLE TITLE ☐ Addition **GARRETT, VICTORIA** NAME NAME 10055W15 Ave #4 STREET ADDRESS **2618 TAFT ST** STREET ADDRESS Ft, Lauderdelt, FL 33312 HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-7IE ☐ Delete ☐ Addition TITLE aHaJennings 10055W 15 Ave#8 NAME NAME STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FC 33312 CITY-ST-ZIP CITY-ST-ZIE ΠΠF ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ Addition

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 eath; 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 with all other like empowered. changed, or on an attachment with an address

CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

TITI F

NAME

☐ Delete

CITY-ST-7IP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS