

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

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000009163

1. Entity Name  
 HALIBUT HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 1005 SW 15 AVE UNIT 7  
 FORT LAUDERDALE, FL 33312

Mailing Address  
 1005 SW 15 AVE UNIT 7  
 FORT LAUDERDALE, FL 33312



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1899106	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, MARC  
 1005 SW 15 AVE  
 UNIT 7  
 FORT LAUDERDALE, FL 33312

**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

1/15/08

**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	D HERMAN, MARC 1005 SW 15 AVE., UNIT 7 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVEZ, SERGIO 1005 SW 15 AVE., UNIT 9 FORT LAUDERDALE, FL 33312
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00000792026  
 01/23/08-80101-010 61.25

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08

Date

954-468-2489

Daytime Phone #