
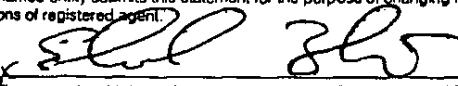
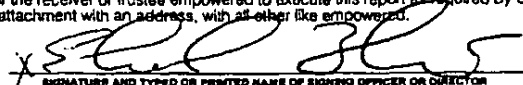


**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 AUG -7 AM 9:13

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000012818			
1. Entity Name BEACH CLUB THREE OF HALLANDALE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 315 S BISCAYNE BLVD MIAMI, FL 33131		Mailing Address 315 S BISCAYNE BLVD MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 1800 S. Ocean Drive Suite, Apt. #, etc. Management Office		3. Mailing Address (Same as Principal Place) Suite, Apt. #, etc.	
City & State Hallandale Beach, FL.		City & State	
Zip 33009	Country U.S.A.	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 20-8081484 Applied For - <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent EDUARD ZAVULUNOV, Treasurer Secretary Inc. Street Address (P.O. Box Number is Not Acceptable) 1800 S. Ocean Drive UNIT 2501 City Hallandale Beach, FL Zip Code 33009	
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 4/9/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, WILLIAM P 315 S BISCAYNE BLVD MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Christopher Kydas 1800 S. Ocean Drive Hallandale Beach, FL. 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HODGES, LEE 315 S BISCAYNE BLVD MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director Jake Wolfe 1800 S. Ocean Drive Hallandale Beach, FL. 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HERNANDEZ, ANGEL 315 S BISCAYNE BLVD MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/Director Edward Zavulunov 1800 S. Ocean Drive Hallandale Beach, FL. 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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: 		DATE 4/9/07	

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