

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Harbourwood Home

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90117 050 \*\*\*\*61.25

**DOCUMENT # 745713**

1. Entity Name  
**HARBOURWOOD HOMEOWNERS ASSOCIATION OF  
HALLANDALE, INC.**



Principal Place of Business  
**C/O CASTLE MGMT.  
P.O. BOX 189013  
PLANTATION, FL 33318 US**

Mailing Address  
**C/O CASTLE MGMT.  
P.O. BOX 189013  
PLANTATION, FL 33318 US**

**50051301**



2. Principal Place of Business

3. Mailing Address

**C/O CASTLE GROUP**

**C/O CASTLE GROUP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**12270 SW 3RD STREET**

**P.O. BOX 559009**

City & State

City & State

**PLANTATION, FL**

**FT. LAUDERDALE, FL**

Zip

Zip

Country

Country

**33325**

**33325**

6. Name and Address of Current Registered Agent

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2014439**

Applied For  
Not Applicable

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

**KAPLAN, KYMAN N  
MUSEUM TOWER - 27TH FLOOR  
150 W. FLAGLER  
MIAMI, FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
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 **D** ☐ Delete  
NAME **DONENEURG, GERALD**  
STREET ADDRESS **413 LESLIE DR**  
CITY-ST-ZIP **HALLANDALE, FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **DENENBERG, GERALD**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MCELROY, MARSHA**  
STREET ADDRESS **2631 PARKVIEW DR**  
CITY-ST-ZIP **HALLANDALE, FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **LOTMAN, ALLEN**  
STREET ADDRESS **2735 PARKVIEW DR.**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **TD** ☐ Delete  
NAME **BALSAMELO, MARJORIE**  
STREET ADDRESS **607 LESLIE DR.**  
CITY-ST-ZIP **HALLANDALE, FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **CAMACHO, NANCY M.**  
STREET ADDRESS **2721 PARKVIEW DR.**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **V** ☐ Delete  
NAME **STERLING, LAURA**  
STREET ADDRESS **2733 PARKVIEW DR.**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **D** ☐ Change ☒ Addition  
NAME **VAN DAM, EVELYN**  
STREET ADDRESS **515 LESLIE DR.**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **P** ☐ Delete  
NAME **VENTURA, PAMELA**  
STREET ADDRESS **2719 PARKVIEW DR**  
CITY-ST-ZIP **HALLANDALE, FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **FARINHAS, JULES**  
STREET ADDRESS **357 LESLIE DR.**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

**SIGNATURE:**

*Pamela Ventura, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/28/05*