

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717172

**Entity Name:** HALLANDALE SCHOLARSHIP FUND, INC.**Current Principal Place of Business:**306 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009**Current Mailing Address:**PO BOX 1331  
HALLANDALE BEACH, FL 33008**FEI Number:** 23-7087801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANDEL, SUSAN  
306 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SD
Name	SELZ, JUDITH
Address	717 LAYNE BLVD.
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	VD
Name	OSHINSKY, LEONARD
Address	350 E LAS OLAS BLVD., STE 970
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	VD
Name	BRUNI, BART
Address	323 SE 1ST AVENUE
City-State-Zip:	HALLANDALE BEACH FL 33309

Title	PD
Name	GREAVAR, JEFFREY H
Address	10060 NW 10TH STREET
City-State-Zip:	PLANTATION FL 33322

Title	VD
Name	WASHINGTON, MARY
Address	700 NW 5TH COURT
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	TD
Name	CESAROTTI, JOSEPH
Address	2844 TIMBER CREEK CIRCLE
City-State-Zip:	BOCA RATON FL 33431

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONARD OSHINSKY**VICE PRESIDENT****02/04/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date