

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737903

**Entity Name:** HALLANDALE BEACH AREA CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**400 S. FEDERAL HWY  
#192  
HALLANDALE, FL 33009**Current Mailing Address:**400 S. FEDERAL HWY  
#192  
HALLANDALE, FL 33009 US**FEI Number:** 59-1717977**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANTHONY S. ADELSON, P.A.  
501 GOLDEN ISLES DRIVE  
SUITE 102  
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:** ANTHONY S. ADELSON

04/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ABIKARRAM, JESUS  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title PAST PRESIDENT  
Name AZZOLINI, ADRIANA  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title TREASURER  
Name BROWN, YOLANDA  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT  
Name CURTIS, SIMON  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title CEO  
Name ENGLISH, NORMA  
Address 400 S. FEDERAL HWY #192  
City-State-Zip: HALLANDALE FL 33009

Title VP  
Name BERNSTEIN, NIKKI  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name CONNER, SALLY  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name SALMERON, ELISA  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

**Continues on page 2**

*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:** ANTHONY ADELSON

LEGAL COUNSEL

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SANTANA, SIMONE  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name GUADAMUZ-DAVIS, KARLA  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name WESTERMAYER, BERNARD  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title LEGAL COUNSEL  
Name ADELSON, ANTHONY  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name JACQUES, BENNY  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name SLOWEY, ELIZABETH  
Address 400 S. FEDERAL HWY  
#192  
City-State-Zip: HALLANDALE FL 33009