

2019 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

03/05/2019

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	CEO
Name	JULES, NORMA
Address	400 S. FEDERAL HWY #192
City-State-Zip:	HALLANDALE FL 33009
Title	DIRECTOR
Name	BENAIM, ELIAS
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	DIRECTOR
Name	VAIGUSKAITE, BARBARA
Address	400 S. FEDERAL HWY #192
City-State-Zip:	HALLANDALE FL 33009
Title	PRESIDENT
Name	AZZOLINI, ADRIANA
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	KOFFSMON, ESTEBAN
Address	400 S. FEDERAL HWY #192
City-State-Zip:	HALLANDALE FL 33009

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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

DIRECTOR

03/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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