

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745713

**Entity Name:** HARBOURWOOD HOMEOWNERS ASSOCIATION OF  
HALLANDALE, INC.**Current Principal Place of Business:**533 LESLIE DRIVE  
HALLANDALE BEACH, FL 33009**Current Mailing Address:**533 LESLIE DRIVE  
HALLANDALE BEACH, FL 33009 US**FEI Number: 59-2014439****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRADFORD J. BEILLY P.A.  
1144 S.E. 3RD STREET  
FORT LAUDERDALE, FL 33316 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            PRESIDENT  
Name            HERNANDEZ, IVAN  
Address        533 LESLIE DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            SECRETARY  
Name            STONE, NANCY  
Address        533 LESLIE DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            MAKELA, PETRI  
Address        533 LESLIE DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            GLUCK, NORRI  
Address        533 LESLIE DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            VICE PRESIDENT  
Name            KONEFSKY, LARRY  
Address        533 LESLIE DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            TREASURER  
Name            HILL, LEONARD R  
Address        533 LESLIE DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            SULEYMANOV, MICHAEL  
Address        533 LESLIE DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            VENTURA, MARIO  
Address        533 LESLIE DRIVE  
City-State-Zip: HALLANDALE BEACH 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: LEONARD R HILL****TREASURER****01/17/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CHAPARRO, KATYA
Address	533 LESLIE DRIVE
City-State-Zip:	HALLANDALE BEACH FL 33009