

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

DOCUMENT# 745713

**Entity Name:** HARBOURWOOD HOMEOWNERS ASSOCIATION OF  
HALLANDALE, INC.**FILED**  
**Jan 22, 2021**  
**Secretary of State**  
**9302562039CC****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	GLUCK, NORRI
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

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

Title	VP
Name	LINDEN, BRETT
Address	2657 S. PARKVIEW DRIVE HALLANDALE
City-State-Zip:	FL FL 33009

Title	TREASURER
Name	GOMEZ, MANUEL
Address	2645 S PARKVIEW DRIVE
City-State-Zip:	HALLANDALE FL 33009

*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: NORRI GLUCK****PRESIDENT****01/22/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date