

2020 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	VICE PRESIDENT
Name	KONEFSKY, LARRY
Address	533 LESLIE DRIVE
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	SECRETARY
Name	HILL, LEONARD R
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	MAKELA, PETRI
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	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

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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 HILL**SECRETARY &
TREASURER****01/23/2020**

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