

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745713

**Entity Name:** HARBOURWOOD HOMEOWNERS ASSOCIATION OF  
HALLANDALE, INC.**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC0203945774****Current Principal Place of Business:**533 LESLIE DRIVE  
HALLANDALE, FL 33009**Current Mailing Address:**533 LESLIE DRIVE  
HALLANDALE, 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	PD
Name	TUTVIN, FRANK
Address	533 LESLIE DRIVE
City-State-Zip:	HALLANDALE FL 33009

Title	VPD
Name	LYNNE, LYNETTE
Address	533 LESLIE DRIVE
City-State-Zip:	HALLANDALE FL 33009

Title	TD
Name	ROSEN, JUDITH
Address	533 LESLIE DRIVE
City-State-Zip:	HALLANDALE FL 33009

Title	SD
Name	ROSEN, JUDITH
Address	533 LESLIE DRIVE
City-State-Zip:	HALLANDALE FL 33009

Title	D
Name	SEGALL, BART
Address	533 LESLIE DRIVE
City-State-Zip:	HALLANDALE FL 33009

Title	DIRECTOR
Name	FRIEDLANDER, STANLEY
Address	533 LESLIE DRIVE
City-State-Zip:	HALLANDALE FL 33009

Title	DIRECTOR
Name	OLSTEIN, ALAN
Address	533 LESLIE DRIVE
City-State-Zip:	HALLANDALE FL 33009

Title	DIRECTOR
Name	GLUCK, NORRI
Address	533 LESLIE DRIVE
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: JUDITH ROSEN****TREASURER****02/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 GURTMAN, DAVID  
Address               533 LESLIE DRIVE  
City-State-Zip:     HALLANDALE FL 33009

Title                 DIRECTOR  
Name                 GRENIER, MATHIEU  
Address               533 LESLIE DRIVE  
City-State-Zip:     HALLANDALE FL 33009