DOCUMENT# 745713
Entity Name: HARBOURWOOD HOMEOWNERS ASSOCIATION OF

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

HALLANDALE, INC.

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

Name and Address of Current Registered Agent:

BRADFORD J. BEILLY P.A. 1144 S.E. 3RD STREET FORT LAUDERDALE, FL 33316 US FILED Jan 25, 2014 Secretary of State CC0470886462

Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Director Detail :					
Title	PD	Title	VPD		
Name	GURTMAN, DAVID	Name	DADDARIO, VICTOR		
Address	533 LESLIE DRIVE	Address	533 LESLIE DRIVE		
City-State-Zip:	HALLANDALE FL 33009	City-State-Zip:	HALLANDALE FL 33009		
Title	TD	Title	SD		
Name	ROSEN, JUDITH	Name	FRIEDLANDER, , STANLEY		
Address	533 LESLIE DRIVE	Address	533 LESLIE DRIVE		
City-State-Zip:	HALLANDALE FL 33009	City-State-Zip:	HALLANDALE FL 33009		
Title	D	Title	DIRECTOR		
Title Name	D SEGALL, BART	Title Name	DIRECTOR CROFT, ARLENE		
Name	SEGALL, BART	Name	CROFT, ARLENE		
Name Address	SEGALL, BART 533 LESLIE DRIVE	Name Address	CROFT, ARLENE 533 LESLIE DRIVE		
Name Address City-State-Zip:	SEGALL, BART 533 LESLIE DRIVE HALLANDALE FL 33009	Name Address City-State-Zip:	CROFT, ARLENE 533 LESLIE DRIVE HALLANDALE FL 33009		
Name Address City-State-Zip: Title	SEGALL, BART 533 LESLIE DRIVE HALLANDALE FL 33009 DIRECTOR	Name Address City-State-Zip: Title	CROFT, ARLENE 533 LESLIE DRIVE HALLANDALE FL 33009 DIRECTOR		
Name Address City-State-Zip: Title Name	SEGALL, BART 533 LESLIE DRIVE HALLANDALE FL 33009 DIRECTOR SCHATKEN, NANCY	Name Address City-State-Zip: Title Name	CROFT, ARLENE 533 LESLIE DRIVE HALLANDALE FL 33009 DIRECTOR OLSTEIN, ALAN 533 LESLIE DRIVE		

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: DAVID GURTMAN

PRESIDENT HHOA

01/25/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date