## 2024 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:** 

C/O ARDENT PROPERTY GROUP, LLC 6625 MIAMI LAKES DRIVE SUITE 312

MIAMI LAKES, FL 33014 US

FEI Number: 59-2014439 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARDENT PROPERTY GROUP LLC 6625 MIAMI LAKES DR. SUITE 312

MIAMI LAKES, FL 33014 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: ARLENE WEEKES 02/13/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

**DIRECTOR** Title Title SECRETARY Name YELAN, NONNA Name SIGAL, ISAAC

C/O ARDENT PROPERTY GROUP, LLC Address Address C/O ARDENT PROPERTY GROUP, LLC

6625 MIAMI LAKES DRIVE SUITE 312 6625 MIAMI LAKES DRIVE SUITE 312

City-State-Zip: MIAMI LAKES FL 33014 City-State-Zip: MIAMI LAKES FL 33014

VΡ Title Title DIRECTOR

SULEYMANOV, MICHAEL Name ROSEN. JUDITH Name

Address C/O ARDENT PROPERTY GROUP, LLC Address C/O ARDENT PROPERTY GROUP, LLC

6625 MIAMI LAKES DRIVE SUITE 312 6625 MIAMI LAKES DRIVE SUITE 312

MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 City-State-Zip: City-State-Zip:

Title **PRESIDENT** Title DIRECTOR

Name STONE, NANCY Name LYNNE, LYNETTE

Address C/O ARDENT PROPERTY GROUP, LLC Address C/O ARDENT PROPERTY GROUP, LLC

6625 MIAMI LAKES DRIVE SUITE 312 6625 MIAMI LAKES DRIVE SUITE 312

City-State-Zip: MIAMI LAKES FL 33014 City-State-Zip: MIAMI LAKES FL 33014

Title **TREASURER** BRITO, MIRTA Name

C/O ARDENT PROPERTY GROUP, LLC Address

6625 MIAMI LAKES DRIVE SUITE 312

MIAMI LAKES FL 33014 City-State-Zip:

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: NANCY STONE **PRES** 02/13/2024

**FILED** Feb 13, 2024

Secretary of State

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