

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762703

**Entity Name:** HALSTEAD CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC5434773757**

**Current Principal Place of Business:**

7830 N.W. 33RD STREET,  
APT. #107  
DAVIE, FL 33024

**Current Mailing Address:**

7830 N.W. 33RD STREET,  
APT. #107  
DAVIE, FL 33024 US

**FEI Number: 59-2219154**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK & STOLOFF, P.A.  
1818 S AUSTRALIAN AVE STE400  
W PALM BEACH, FL 33409 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 P  
Name KHAN, MOHAMMAD  
Address 7830 N.W. 33RD STREET,  
APT. #107  
City-State-Zip: DAVIE FL 33024

Title VP  
Name ESTELLA, VANESSA  
Address 8362 PINES BLVD #214  
City-State-Zip: PEMBROKE PINES FL 33024

Title S  
Name SYED, SHAHNAZ  
Address 7830 NW 33RD STREET #402  
City-State-Zip: DAVIE FL 33024

Title D  
Name SALAHJEE, MUHAMMAD A  
Address 7830 NW 33RD STREET #501  
City-State-Zip: DAVIE FL 33024

Title D  
Name AYUB, AHMED  
Address 7830 NW 33RD STREET #408  
City-State-Zip: DAVIE FL 33024

*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: MOHAMMAD KHAN**

**PRESIDENT**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date