

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157375

Entity Name: HALLIWELL ENGINEERING ASSOCIATES, INC.**Current Principal Place of Business:**20801 BISCAYNE BLVD., #505
AVENTURA, FL 33180**Current Mailing Address:**865 WATERMAN AVE.
E. PROVIDENCE, RI 02914**FEI Number:** 20-0505935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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	HALLIWELL, JOHN L
Address	495 CENTRE ISLAND DRIVE
City-State-Zip:	GOLDEN BEACH FL 33160

Title	ST
Name	CRUZ, MARIA ELENA
Address	495 CENTRE ISLAND DRIVE
City-State-Zip:	GOLDEN BEACH FL 33160

Title	VP
Name	BOSSERT, JEFFREY A
Address	813 WEST BUTLER PIKE
City-State-Zip:	AMBLER PA 19002

Title	VP
Name	LEMMO, STEVEN M
Address	79 PONTE LANE
City-State-Zip:	NORTH KINGSTOWN RI 02852

Title	VP
Name	MONTALTO, THOMAS P
Address	865 WATERMAN AVE.
City-State-Zip:	E. PROVIDENCE RI 02914

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA ELENA CRUZ

ST

03/20/2019

Electronic Signature of Signing Officer/Director Detail_____
Date