

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90046 015 ****70.00

DOCUMENT # 705010

1. Entity Name

PENTLAND HALL OF DADE COUNTY, INC.



Principal Place of Business

13511 NE 24TH CT
NORTH MIAMI FL 33181

Mailing Address

13511 NE 24TH CT
NORTH MIAMI FL 33181

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-0991547

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAND, BARRIE
13511 NE 24TH CT
NORTH MIAMI FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BRETBART, DORIS
STREET ADDRESS 1080 94 ST, APT 511
CITY ST ZIP BAY HARBOR FL 33154

TITLE TD ☐ Delete
NAME SANO, BARRIE
STREET ADDRESS 1351 NE 24 CT.
CITY ST ZIP N. MIAMI FL

TITLE PD ☐ Delete
NAME CHAPELLE, CATHERINE
STREET ADDRESS 7260 SW 148 CT
CITY ST ZIP MIAMI FL 33193

TITLE SD ☐ Delete
NAME WEEKS, BARBARA
STREET ADDRESS 13207 SW 87TH TERR
CITY ST ZIP MIAMI FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME MANTARAS, ROSIE
STREET ADDRESS 13201 SW 62 TERR
CITY ST ZIP MIAMI FL 33183

TITLE D ☐ Change ☒ Addition
NAME VARKIE, VAGAY
STREET ADDRESS 1740 SW BAYSHORE LANE
CITY ST ZIP COCONUT GROVE FLA 33133

TITLE D ☐ Change ☒ Addition
NAME ALLEN, DONNA
STREET ADDRESS 925 ALTARA AVE
CITY ST ZIP CORAL GABLES FLA 33144

TITLE D ☐ Change ☒ Addition
NAME BELL, CHERYL
STREET ADDRESS 447 FLANDERS J
CITY ST ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/07

305-773-2023