

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-02-2008 90139 003 61.25
737903

DOCUMENT # 737903 1. Entity Name THE HALLANDALE - PEMBROKE PARK CHAMBER OF COMMERCE, INC.				 FILED 08 MAY 20 AM 6:20 REGISTRAR OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1117 E HALLANDALE BCH BLVD #5 HALLANDALE, FL 33009 US		Mailing Address 1117 E HALLANDALE BCH BLVD #5 HALLANDALE, FL 33009 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-1717977				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, CARL 1117 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name Patricia Genetti Street Address (P.O. Box Number Is Not Acceptable) 1117 E Hallandale Beach Blvd City Hallandale FL Zip Code 33009		
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 <u>Patricia Genetti</u> DATE <u>3-31-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDMAN, SUZANNE 1117 E HALLANDALE BCH BLVD #5 HALLANDALE, FL 33009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mikos, Dennis 1117 E Hallandale Bch Blvd. #5 Hallandale, FL 33009 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANDEL, SUSAN 306 W. HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joekessel 1801 S. Ocean DR Hallandale, FL 33009 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVENVIRTH, ARMIN 1995 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75k22 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Joekessel</u> <u>4/23/08</u> <u>305 496 2700</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					