

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90095 040 ****61.25

DOCUMENT # 745713

1. Entity Name

HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE

Principal Place of Business

Mailing Address

~~G/O ROBERTS MANAGEMENT
 1040 NE 153 STREET
 NORTH MIAMI FL 33162
 US~~

~~G/O ROBERTS MANAGEMENT
 1040 NE 153 STREET
 NORTH MIAMI FL 33162-0044
 US~~

00046561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Castle Mgmt., Inc.

c/o Castle Mgmt., Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 189013

P.O. Box 189013

City & State
 Plantation, FL

City & State
 Plantation, FL

4. FEI Number

59-2014439

Applied For

Not Applicable

Zip
 33318

Country

Zip
 33318

Country

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

~~ROBERTS MANAGEMENT & REALTY
 1040 NE 153 STREET
 NORTH MIAMI BEACH FL 33162~~

Name
Castle Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
4450 West Sunrise Boulevard
 Suite C-100
 City
Plantation **FL** Zip Code
33313

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.

SIGNATURE *Gail H. Sangunett*

Gail H. Sangunett, Vice President

1/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BENEWBONG, GERALD	
STREET ADDRESS	413 LESLIE DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELROY, MARSHA	
STREET ADDRESS	2631 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALSAMELLO, MARJORIE	
STREET ADDRESS	607 LESLIE DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGEMAN, WILLIAM	
STREET ADDRESS	355 LESLIE DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GROB, ARLENE	
STREET ADDRESS	603 LESLIE DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VENTURA, PAMELA	
STREET ADDRESS	2719 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donenberg, Gerald	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Arlene Grob* Arlene Grob, President 2/16/00 (954) 792-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)