

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90039 048 ****61.25

DOCUMENT # 745713					
1. Entity Name HARBOURWOOD HOMEOWNERS ASSOCIATION OF HALLANDALE, INC.					
Principal Place of Business C/O CASTLE MGMT. 12270 SW 3RD STREET PLANTATION, FL 33325 US			Mailing Address C/O CASTLE MGMT. P.O. BOX 189013 FORT LAUDERDALE, FL 33325 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O CASTLE GROUP P.O. BOX 559009			
City & State		City & State FORT LAUDERDALE, FL		4. FEI Number 59-2014439	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33355		Country		04132006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent KAPLAN, KYMAN N MUSEUM TOWER - 27TH FLOOR 150 W. FLAGLER MIAMI, FL 33130			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D DENEBERG, GERALD 413 LESLIE DR HALLANDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCELROY, MARSHA 2631 PARKVIEW DR HALLANDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALSAMELO, MARJORIE 607 LESLIE DR. HALLANDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STERLING, LAURA 2733 PARKVIEW DR. HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VENTURA, PAMELA 2719 PARKVIEW DR HALLANDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTMAN, ALLEN 2735 PARKVIEW DRIVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Pamela Ventura President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>5-10-06</i> Daytime Phone #: <i>305-350-6978</i>		

ATTACHMENT 40091953

Harbourwood Homeowners Association of Hallandale, Inc.

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ADDITIONAL DIRECTORS

- #7 JOHNSTONE, BOB
2619 PARKVIEW DRIVE
HALLANDALE, FL 33009
- #8 FRIEDDLANDER, STANLEY
2641 PARKVIEW DRIVE
HALLANDALE, FL 33009
- #9 VAN DAM, EVELYN
515 LESLIE DRIVE
HALLANDALE, FL 33009