FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06 1996 8:00 am
Secretary of State

DOCUMENT # 767848 (5)

1. Corporation Name
HALLANDALE CONDOMINIUM & COOPERATIVE ASSN., INC.

Principal Place of Business	Mailing Address
121 Golden Isles Drive XXXXXXXXXXXXXXXX SUITE #807 HALLANDALE FL 33009 US	121 Golden Isles Drive XXXXXXXXXXXXXXXX SUITE #807 HALLANDALE FL 33009 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 04/07/1983	3a. Date of Last Report: 04/27/1995
21	26 121 GOLDEN ISLES DRIVE	4. FEI Number: 59-2270551	Applied For / X Not Applicable
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 Apt. #807	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23	City & State: 28 HALLANDALE, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 / Country: 25	Zip: 29 33009 / Country: 30 BROWARD	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

HELEN L MEISINGER
1333 E HALLANDALE BEACH BLVD SUITE 127
STE 204
HALLANDALE FL 30099

10. Name and Address of New Registered Agent

81 Name: JEAN D. COHEN
82 Street Address (P.O. Box Number is Not Acceptable): 4026 N. Circle Drive
83
84 City: HOLLYWOOD FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jean D Cohen Secy Treas. DATE:
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	SILVERMAN, NORMA		1.2 NAME	NORMA J. SILVERMAN	
STREET ADDRESS	121 GOLDEN ISALES DR		1.3 STREET ADDRESS	121 GOLDEN ISLES DRIVE #~~808~~ 807	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D	☒ DELETE	2.1 TITLE	VICE-PRESIDENT	☐ Change ☐ Addition
NAME	MURRAY, JOSEPH		2.2 NAME	HELEN MEISINGER	
STREET ADDRESS	437 GOLDEN ISLES DRIVE		2.3 STREET ADDRESS	1333 E. HALLANDALE Beach Blvd.	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D	☐ DELETE	3.1 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME	MEISINGER, HELEN		3.2 NAME	JEAN D. COHEN	
STREET ADDRESS	421 N.E. 1ST STREET		3.3 STREET ADDRESS	4026 N. Circle Drive	
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP	Hollywood, Fl. 33021	
TITLE	D	☒ DELETE	4.1 TITLE	BOARD MEMBER	☐ Change ☒ Addition
NAME	FRISCHLING, HARRY		4.2 NAME	LOUIS SCHULMAN	
STREET ADDRESS	1301 NE 7TH ST.		4.3 STREET ADDRESS	300 N.E. 14th AVENUE, #402	
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D	☐ DELETE	5.1 TITLE	BOARD MEMBER	☐ Change ☐ Addition
NAME	HASTINGS, EVA		5.2 NAME	400001771704	
STREET ADDRESS	1333 E. HALLANDALE BEACH BLVD.		5.3 STREET ADDRESS	-04/08/96--01019--024	
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST-ZIP	***61.25	
TITLE	D	☒ DELETE	6.1 TITLE	BOARD MEMBER	☐ Change ☒ Addition
NAME	SILVERMAN, NORMA		6.2 NAME	LOUIS SCHULMAN	
STREET ADDRESS	121 GOLDEN ISLES DR.		6.3 STREET ADDRESS	300 N.E. 14th AVENUE #402	
CITY-ST-ZIP	HALLANDALE FL		6.4 CITY-ST-ZIP	HALLANDALE, FL. 33009	

SV 4.6

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean D Cohen 2/22/96 Area 954-983-8922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #