

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1997

DOCUMENT # 767848 (5)
1. Corporation Name
HALLANDALE CONDOMINIUM & COOPERATIVE ASSN., INC.



Principal Place of Business Mailing Address
121 GOLDEN ISLES DR. 121 GOLDEN ISLES DR.
#807 #807
HALLANDALE FL 33009 HALLANDALE FL 33009
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 04/07/1983 3a. Date of Last Report 04/06/1996
4. FEI Number 59-2270551 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, JEAN D.
4026 N. CIR. DR.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name NORMA J. SILVERMAN
82 Street Address (P.O. Box Number is Not Acceptable) 121 Golden Isles DR. #807
83
84 City Hallandale FL 85 Zip Code 33009

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 Norma J. Silverman, Pres.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/26/97
DATE

12. OFFICERS AND DIRECTORS
TITLE DP PRES. ☐ DELETE
NAME SILVERMAN, NORMA
STREET ADDRESS 121 GOLDEN ISLES DR. #807
CITY-ST-ZIP HALLANDALE FL 33009
TITLE VP ☒ DELETE
NAME MEISINGER, HELEN
STREET ADDRESS 1333 E. HALLANDALE BCH. BLVD.
CITY-ST-ZIP HALLANDALE FL 33009
TITLE D ☒ DELETE
NAME SCHULMAN, LOUIS
STREET ADDRESS 300 NE 14TH AVE. #402
CITY-ST-ZIP HALLANDALE FL 33009
TITLE D ☒ DELETE
NAME HASTINGS, EVA
STREET ADDRESS 1333 E. HALLANDALE BEACH BLVD.
CITY-ST-ZIP HALLANDALE FL
TITLE ~~DP VP, TREAS.~~ ☐ DELETE
NAME COHEN, JEAN D.
STREET ADDRESS 4026 N. 14TH AVE #402 4026 N. Circle Dr.,
CITY-ST-ZIP HALLANDALE FL 33009 HOLLYWOOD FL 33021
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME SECRETARY
2.3 STREET ADDRESS MACAYA, SYLVIA
2.4 CITY-ST-ZIP 900 N.E. 12TH AVE. #701
HALLANDALE, FL. 33009
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME HAMMOND, Sandra
3.3 STREET ADDRESS 900 N.E. 12TH AVE.
3.4 CITY-ST-ZIP HALLANDALE, FL. 33009
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME SMALL, HERMAN Z.
4.3 STREET ADDRESS 3181 So. Ocean DR.
4.4 CITY-ST-ZIP HALLANDALE, FL. 33009
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME CIMONE, VALENTINO
5.3 STREET ADDRESS 1425 ATLANTIC SHORES BLVD.
5.4 CITY-ST-ZIP HALLANDALE, FL. 33009
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 Max SILVERMAN SIGNATURE REQUIRED Norma J. Silverman 7/26/97 1997/04/07/1983

CR2E037 (4/97)