

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002195

FILED  
May 25, 2005  
Secretary of State

**Entity Name:** HALLANDALE BEACH CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

814 SW 6TH AVENUE  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

814 SW 6TH AVENUE  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** 65-0997656      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HASKINS, NORMA  
814 SW 6TH AVENUE  
HALLANDALE, FL 33009      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HASKINS, MICHAEL E  
Address: 814 SW 6TH AVENUE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D      ( ) Delete  
Name: HASKINS, NORMA C  
Address: 814 SW 6TH AVENUE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D      ( ) Delete  
Name: BAKER, STEVEN MATTHEW  
Address: 2500 EAST HALLANDALE BEACH BLVD. #705  
City-St-Zip: HALLANDALE, FL 33009

Title: S      ( ) Delete  
Name: RIBOT, MILLIE  
Address: 945 SW 8TH ST  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA HASKINS

D

05/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date