

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007719

FILED
Apr 13, 2009
Secretary of State

Entity Name: HALLANDALE BEACH CRIME WATCH, INC.

Current Principal Place of Business:

400 SOUTH FEDERAL HWY
HALLANDALE BEACH POLICE DEPT.
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

400 SOUTH FEDERAL HWY
HALLANDALE BEACH POLICE DEPT.
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 65-0978386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASPER, ANDREW M
400 SOUTH FEDERAL HWY
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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: PRES () Delete
Name: LEWY, ALEXANDER S
Address: 401 NE 14TH AVE., APT 109
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP () Delete
Name: MESMER, CHAIVE
Address: 717 NE 1ST STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TRES () Delete
Name: FINE, LARRY
Address: 815 NE 6TH STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SEC () Delete
Name: WILLIAMS, LYNN
Address: PO BOX 4971
City-St-Zip: HOLLYWOOD, FL 33083

Title: VP (X) Delete
Name: BROWN, CLARA
Address: 307 NW 3RD COURT
City-St-Zip: HALLANDALE BEACH, 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: SEC (X) Change () Addition
Name: SILVERSTEIN, DEBORAH
Address: 417 SE 4TH ST
City-St-Zip: HALLANDALE BEACH, FL 33009

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LARRY FINE

TRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date