


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008529 1. Entity Name HALLANDALE BEACH SPORTS COMPLEX, INC.					
Principal Place of Business 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009			Mailing Address 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 43-1983212				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOVE, DAVID 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009			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)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, DOROTHY		NAME		
STREET ADDRESS	400 S. FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHILLER, FRANCINE		NAME		
STREET ADDRESS	400 S. FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPE, CHARITY		NAME		
STREET ADDRESS	400 S. FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP		
TITLE	TFD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTONIO, MARK		NAME		
STREET ADDRESS	400 S. FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIAN, WILLIAM		NAME		
STREET ADDRESS	400 S. FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, JOY		NAME		
STREET ADDRESS	400 S. FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> _____	
				<small>Daytime Phone #</small> _____	