
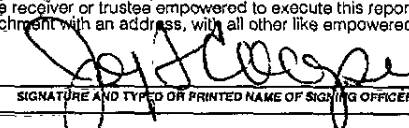


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		4. FEI Number 43-1983212	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOVE, DAVID 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009			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) DATE</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	UN00000321970		
STREET ADDRESS	400 S. FEDERAL HIGHWAY	STREET ADDRESS	04/21/05-80100-002 61.25		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					