


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90099 022 \*\*\*\*61.25

<b>DOCUMENT # N02000008529</b> 1. Entity Name HALLANDALE BEACH SPORTS COMPLEX, INC.	
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Principal Place of Business 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009	Mailing Address 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009
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**DO NOT WRITE IN THIS SPACE**



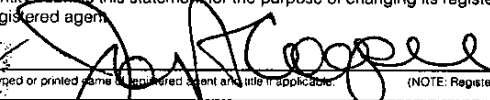
01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 43-1983212	Applied For 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

**DO NOT WRITE  
IN THIS SPACE**

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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DOROTHY 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILLER, FRANCINE 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPE, CHARITY 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TFD ANTONIO, MARK 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JULIAN, WILLIAM 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, JOY 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #