

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90345 001 ***183.75

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

66009874



02122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

43-1983212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROSS, DOROTHY
STREET ADDRESS 400 S. FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE D
NAME SCHILLER, FRANCINE
STREET ADDRESS 400 S. FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE S
NAME PAPE, CHARITY
STREET ADDRESS 400 S. FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE TFD
NAME ANTONIO, MARK
STREET ADDRESS 400 S. FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE VPD
NAME JULIAN, WILLIAM
STREET ADDRESS 400 S. FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE PD
NAME COOPER, JOY
STREET ADDRESS 400 S. FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

**DO NOT WRITE
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:

Patricia Padalino CFA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07
Date

954-457-1371
Daytime Phone #