

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009386

1. Entity Name
THE HALLMARK SOCIAL CLUB, INC



Principal Place of Business
3800 S. OCEAN DRIVE
219
HOLLYWOOD, FL 33019

Mailing Address
3800 S. OCEAN DRIVE
219
HOLLYWOOD, FL 33019



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4224295

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, MITCHELL J
3800 S OCEAN DRIVE
228
HOLLYWOOD, FL 33019

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BENSON, MAURICE
STREET ADDRESS 3800 S. OCEAN DRIVE, APT. 1601
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE SD
NAME MESTEL, BERNICE
STREET ADDRESS 3800 S. OCEAN DRIVE APT. 1704
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE TD
NAME HAMMER, ROBERTA
STREET ADDRESS 3800 S. OCEAN DRIVE, APT. 318
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000792542
01/24/08-80013-004 61.25

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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

MAURICE BENSON

1/18/08

Date

954 456 7384

Daytime Phone #