


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90245 034 \*\*\*\*70.00

<b>DOCUMENT # N03000000940</b> 1. Entity Name THIRD AVENUE CONDOMINIUM ASSOCIATION OF HALLANDALE, INC.					
Principal Place of Business 20141 NE 21ST AVE. MIAMI, FL 33179				Mailing Address 20141 NE 21ST AVE. MIAMI, FL 33179	
2. Principal Place of Business Third Ave Condo Assoc Suite, Apt. #, etc. 117 SE 3rd Ave unit 10 City & State Hallandale FL Zip 33009 Country USA				3. Mailing Address 117 SE 3rd Ave Suite, Apt. #, etc. unit 10 City & State Hallandale FL Zip 33009 Country USA	
4. FEI Number 14-1386315				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03112004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent SHAN, RICHARD 20141 NE 21ST AVE. MIAMI, FL 33179			7. Name and Address of New Registered Agent Name Third Ave Condo Association Street Address (P.O. Box Number is Not Acceptable) 117 SE 3rd Ave unit 10 City Hallandale FL Zip Code 33009		
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 <u>Lucy Kattoura STD</u> <u>[Signature]</u> <u>3/10/04</u> <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, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHAN, RICHARD 20141 NE 21ST AVE. MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jodi Tartell 655 Hibiscus Dr. Hallandale FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SONN, JEFFREY 100 SE 3RD AVE., SUITE 1500 FT. LAUDERDALE, FL 33394	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Lucy Kattoura 117 SE 3rd Ave unit 2 Hallandale, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDRI, ELI 2525 N. STATE RD. 7, #115 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASHLEY Levy 117 SE 3rd Ave unit 4 Hallandale, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <u>Lucy Kattoura</u> <u>3/10/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					