

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90053 037 ****61.25

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02132007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000001364 1. Entity Name HALLANDALE BEACH PRIVATE RESIDENCE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 201 GOLDEN ISLES DR HALLANDALE, FL 33009		Mailing Address 2035 HARDING ST STE 200 HOLLYWOOD, FL 33020	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address c/o DCI Suite, Apt. #, etc. 2035 Harding St. #200 City & State Hollywood, FL Zip 330202 Country US	
City & State Zip		4. FEI Number 90-0167115 Applied For <input type="checkbox"/> Not Applicable	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DCI ASSOCIATION SRVS 2035 HARDING ST STE 200 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTTGER, GARY 201 GOLDEN ISLES DR 501 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAPMAN, MARVIN 201 GOLDEN ISLES DR 206 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	STD Salem, Moises 201 Golden Isles Drive 408 Hallandale Beach, FL - 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PINZUR, RACHEL 201 GOLDEN ISLES DR 209 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	Asst. V Sioane, Richard 201 Golden Isles Drive 2002 Hallandale Beach, FL - 33009 <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 its duly 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:	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 02/22/2007 Daytime Phone #	