
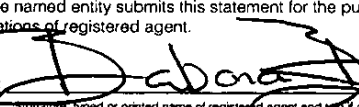
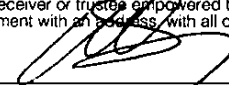


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90400 029 \*\*\*\*61.25

<b>DOCUMENT # N04000001364</b>					
<b>1. Entity Name</b> HALLANDALE BEACH PRIVATE RESIDENCE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 201 GOLDEN ISLES DR HALLANDALE, FL 33009			<b>Mailing Address</b> C/O DCI 2035 HARDING ST. #200 HOLLYWOOD, FL 33020		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> C/O Assoc. Svcs. of Fl.		04222008    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10112 USA Today Way		<b>4. FEI Number</b> 90-0167115	
City & State		City & State Miramar, Florida			
Zip 33025	Country	Zip 33025	Country Broward	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DCI ASSOCIATION SRVS 2035 HARDING ST STE 200 HOLLYWOOD, FL 33020				<b>7. Name and Address of New Registered Agent</b> Name Barbara Herndon Street Address (P.O. Box Number is Not Acceptable) C/O Assoc. Svcs. of Florida 10112 USA Today Way City Miramar, FL    Zip Code 33025	
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and fee if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small>  <b>DATE</b> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD <b>NAME</b> ROTTGER, GARY <b>STREET ADDRESS</b> 201 GOLDEN ISLES DR 501 <b>CITY-ST-ZIP</b> HALLANDALE, FL 33009	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> CHAPMAN, MARVIN <b>STREET ADDRESS</b> 201 GOLDEN ISLES DR 206 <b>CITY-ST-ZIP</b> HALLANDALE, FL 33009	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> SALAMA, MOISES <b>STREET ADDRESS</b> 201 GOLDEN ISLES DRIVE 408 <b>CITY-ST-ZIP</b> HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AV <b>NAME</b> SLOANE, RICHARD <b>STREET ADDRESS</b> 201 GOLDEN ISLES DRIVE 2002 <b>CITY-ST-ZIP</b> HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date    Daytime Phone #</small>	