

381

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000004875

1. Entity Name
HALLMARK COMMERCIAL ASSOCIATION, INC.



Principal Place of Business

% NAI MIAMI
9655 S DIXIE HWY - STE 200
MIAMI, FL 33156

Mailing Address

% NAI MIAMI
9655 S DIXIE HWY - STE 200
MIAMI, FL 33156

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5321331

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIDT, EDWARD L
% NAI MIAMI
9655 S DIXIE HWY - STE 200
MIAMI, FL 33156

**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 September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LARKIN, JEREMY S
STREET ADDRESS % NAI MIAMI-9655 S DIXIE HWY-STE 200
CITY-ST-ZIP MIAMI, FL 33156

TITLE VPD
NAME SCHMIDT, EDWARD L
STREET ADDRESS % NAI MIAMI-9655 S DIXIE HWY-STE 200
CITY-ST-ZIP MIAMI, FL 33156

TITLE STD
NAME ECKSTEIN, ROBERT
STREET ADDRESS % NAI MIAMI-9655 S DIXIE HWY-STE 200
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000955763
07/22/08-80003-021 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #