

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90050 013 ****70.00

DOCUMENT # N39993

1. Entity Name
HALLANDALE SYMPHONIC POPS ORCHESTRA, INC.



Principal Place of Business
**600 PARKVIEW DR
HALLANDALE BEACH, FL 33009 US**

Mailing Address
**P O BOX 85084
HALLANDALE BEACH, FL 33008 US**

40068064



01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0274175

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDMAN ESQ., ROBERT
1150 EAST HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**

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

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☒ Delete
NAME **FELDMAN, SHARI**
STREET ADDRESS **600 3 ISLANDS BLVD #1404**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

VP ☒ Delete
NAME **WINFIELD, GEORGIA**
STREET ADDRESS **500 S FEDERAL HWY**
CITY-ST-ZIP **HALLANDALE, FL 33009**

P ☐ Delete
NAME **FULLER, ANN**
STREET ADDRESS **8432 PINE CAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

VP ☐ Delete
NAME **LOVENVIRTH, ARMIN**
STREET ADDRESS **600 PARKVIEW DR**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P ☐ Change ☒ Addition
NAME **HAMLIN, JULIA**
STREET ADDRESS **1904 S OCEAN DR #1006S**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

VP ☐ Change ☒ Addition
NAME **DUNN, GLORIA**
STREET ADDRESS **4500 E. HALLANDALE BEACH BLVD #607**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

T ☒ Change ☐ Addition
NAME **FULLER, ANN**
STREET ADDRESS **4004 SABLE LOOP DR**
CITY-ST-ZIP **LAKE WALES FL 33859**

S ☐ Change ☒ Addition
NAME **FIRESTONE, HELENE**
STREET ADDRESS **1445 ATLANTIC STORES BLVD #210**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ann Fuller* **ANN FULLER TREAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08
Date

863 324-5692
Daytime Phone #