

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717172

**Entity Name:** HALLANDALE SCHOLARSHIP FUND, INC.**Current Principal Place of Business:**306 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009**Current Mailing Address:**PO BOX 1331  
HALLANDALE BEACH, FL 33008**FEI Number:** 23-7087801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANDEL, SUSAN  
306 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name SELZ, JUDITH  
Address 717 LAYNE BLVD.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name OSHINSKY, LEONARD  
Address 350 E LAS OLAS BLVD., STE 970  
City-State-Zip: FORT LAUDERDALE FL 33301

Title SECRETARY, DIRECTOR  
Name MCCANN-COLLIEE, MARIAN  
Address 750 NW 8TH AVENUE  
City-State-Zip: HALLANDALE BEACH, FL 33009

Title DIRECTOR  
Name WASHINGTON, MARY  
Address 799 NW 5TH STREET  
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP, DIRECTOR  
Name GREAYER, JEFFREY H  
Address 10060 NW 10TH STREET  
City-State-Zip: PLANTATION FL 33322

Title TREASURER, DIRECTOR  
Name CESAROTTI, JOSEPH  
Address 2844 TIMBER CREEK CIRCLE  
City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT, DIRECTOR  
Name DEAN, GERALD  
Address 726 NW 1ST COURT  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name ITTY, LENA R  
Address HALLANDALE ELEMENTARY SCHOOL  
900 SW 8TH STREET  
City-State-Zip: HALLANDALE BEACH FL 33009

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEONARD OSHINSKY**DIRECTOR****01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WATSON-WILKIN, KATHLEEN
Address	HALLANDALE HIGH SCHOOL 720 NW 9TH AVE.
City-State-Zip:	HALLANDALE BEACH FL 33009