

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717172

**Entity Name:** HALLANDALE SCHOLARSHIP FUND, INC.**Current Principal Place of Business:**

.750 E COCOPLUM CIRCLE  
#5  
PLANTATION, FL 33324

**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:**

ADELSON, ANTHONY  
501 GOLDEN ISLES DRIVE  
#102  
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: ANTHONY ADELSON****03/17/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name OSHINSKY, LEONARD  
Address 333 LAS OLAS WAY  
APT. 1006  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name CESAROTTI, JOSEPH  
Address 3126 LAKESHORE DRIVE  
City-State-Zip: DEERFIELD BEACH FL 33442

Title SECRETARY, DIRECTOR  
Name MCCANN-COLLIEE, MARIAN  
Address 4850 E. SABAL PALM BLVD  
#404  
City-State-Zip: TAMARAC, FL 33319

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

Title TREASURER, DIRECTOR  
Name ABIKARRAM, JESUS  
Address 600 W. HALLANDALE BEACH BLVD.  
#4  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name ADELSON, ANTHONY  
Address 501 GOLDEN ISLES DRIVE  
#102  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name CASCARANO, ALEJANDRO  
Address 730 W. HALLANDALE BEACH BLVD.  
#104  
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****03/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SYLVAIN, EDWIN
Address	720 NW 9TH STREET
City-State-Zip:	HALLANDALE BEACH FL 33009