## 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 745713** 

Entity Name: HARBOURWOOD HOMEOWNERS ASSOCIATION OF

HALLANDALE, INC.

**Current Principal Place of Business:** 

533 LESLIE DRIVE

HALLANDALE BEACH, FL 33009

**Current Mailing Address:** 

533 LESLIE DRIVE

HALLANDALE BEACH, FL 33009 US

FEI Number: 59-2014439 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADFORD J. BEILLY P.A. 1144 S.E. 3RD STREET FORT LAUDERDALE, FL 33316 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

**FILED** 

Jun 02, 2021

Secretary of State 1267974587CC

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

NameGLUCK, NORRINameVENTURA, MARIOAddress533 LESLIE DRIVEAddress533 LESLIE DRIVE

City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY Title VP

Name STONE, NANCY Name LINDEN, BRETT

Address 533 LESLIE DRIVE Address 2657 S. PARKVIEW DRIVE HALLANDALE

City-State-Zip: HALLANDALE BEACH FL 33009

City-State-Zip: FL FL 33009

Title DIRECTOR Title DIRECTOR

Name GOMEZ, MANUEL Name MAKELA, PETRI
Address 2645 S PARKVIEW DRIVE

Address 2621 S PARKVIEW DR City-State-Zip: HALLANDALE FL 33009 City-State-Zip: HALLANDALE FL 33009

Ony Glado Zip. Timed Manuel Tel Good

Title TREASURER

Name LUZHANSKY, MARIA Address 441 LESLIE DRIVE

City-State-Zip: HALLANDALE FL 33009

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: NORRI GLUCK PRESIDENT 06/02/2021