FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
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02-21-1999 90035 040 ****61.25

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DOCUMENT # **740587**

1. Corporation Name

HOLLY COURT AT WOODMONT, A CONDOMINIUM ASSOCIATI ON, INC., A FLORIDA NON-PROFIT CORPORATION

Principal Place of Business	Mailing Address
OFFICE-POOLSIDE 8795 HOLLY COURT TAMARAC FL 33321	OFFICE-POOLSIDE 8795 HOLLY COURT TAMARAC FL 33321

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/20/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1891340 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBBINS, SAMUEL
8770 HOLLY CT #6-201
TAMARAC FL 33321

Samuel C Robbins

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Samuel C Robbins
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, SHELDON		1.2 NAME		
STREET ADDRESS	8799 HOLLY COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FEINBERG, LAWRENCE		2.2 NAME		
STREET ADDRESS	8770 HOLLY COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, MERVYN		3.2 NAME		
STREET ADDRESS	8751 HOLLY COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ ~~Addition~~
NAME	~~OKRENT, MORRIS~~		4. 2 NAME	ROSALYN LEVINE	
STREET ADDRESS	~~8780 HOLLY COURT~~		4.3 STREET ADDRESS	8799 HOLLY COURT	
CITY-ST-ZIP	~~TAMARAC FL~~		4.4 CITY-ST-ZIP	TAMARAC FL. 33321	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBBINS, SAMUEL		5.2 NAME		
STREET ADDRESS	8770 HOLLY COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 00000		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosalyn Levine **SIGNATURE REQUIRED** 1/5/99 954-726-2797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #