

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90006 035 ****61.25

DOCUMENT # 740587

1. Entity Name

**HOLLY COURT AT WOODMONT, A CONDOMINIUM
ASSOCIATION, INC., A FLORIDA NON-PROFIT**



Principal Place of Business

**OFFICE-POOLSIDE
8795 HOLLY COURT
TAMARAC FL 33321**

Mailing Address

**OFFICE-POOLSIDE
8795 HOLLY COURT
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1891340

Applied For

Not Applicable

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

**FEINBERG, LAWRENCE
8770 HOLLY CT #6-201
TAMARAC FL 33321**

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

Lawrence Feinberg

(NOTE: Registered Agent signature required when reinstating)

1/20/05

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ PD ☐ Delete
NAME **LEFF, PHILIP**
STREET ADDRESS **8760 HOLLY COURT**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
NAME **MAROLY BERMAN**
STREET ADDRESS **8791 HOLLY COURT**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME **FEINBERG, LAWRENCE**
STREET ADDRESS **8770 HOLLY COURT**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
NAME **RY FROELICK**
STREET ADDRESS **8750 HOLLY COURT**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☒ Delete
NAME **LEVINE, MERVYN**
STREET ADDRESS **8751 HOLLY COURT**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
NAME **MAROLY STRAUSS**
STREET ADDRESS **8761 HOLLY COURT**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☒ Delete
NAME **LEVINE, ROSALYN**
STREET ADDRESS **8799 HOLLY COURT**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE ☐ Delete
NAME **LAZAR, S.**
STREET ADDRESS **8780 HOLLY CORT**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE ☒ Delete
NAME **ZANCO, ANGELO**
STREET ADDRESS **8751 HOLLY COURT**
CITY-ST-ZIP **TAMARAC FL 33321**

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

12. 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 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:

Lawrence Feinberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

DATE

954-726-2297

Daytime Phone #