


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90370 043 ****61.25

DOCUMENT # 744826 1. Entity Name HILLCREST EAST NO. 26 INC.					
Principal Place of Business 4001 HILLCREST DR. HOLLYWOOD, FL 33021			Mailing Address 4001 HILLCREST DR. HOLLYWOOD, FL 33021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARTMAN, CHARLES 4001 HILLCREST DR #306 HOLLYWOOD, FL-33021				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P HARTMAN, CHARLES <input checked="" type="checkbox"/> Delete		TITLE	PRES ALFRED BENJAMIN <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4001 HILLCREST DR., #306		NAME	4001 HILLCREST DRIVE	
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS	HOLLYWOOD FL 33021	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T DE ROSA, JOYCE <input checked="" type="checkbox"/> Delete		TITLE	TREAS ROSALIE DECKER <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4001 HILLCREST DR., #1016		NAME	4001 HILLCREST DRIVE	
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS	HOLLYWOOD FL 33021	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S SILLMAN, JACK <input type="checkbox"/> Delete		TITLE		
NAME	4001 HILLCREST DR #315		NAME		
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP MAHONEY, FRANK <input type="checkbox"/> Delete		TITLE		
NAME	4001 HILLCREST DR. 914		NAME		
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D STANKO, JOSEPH <input checked="" type="checkbox"/> Delete		TITLE	D ADELE ROUSSAM <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4001 HILLCREST DR. 907		NAME	4001 HILLCREST DRIVE	
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS	HOLLYWOOD FL 33021	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D SCHULTZ, DONALD <input type="checkbox"/> Delete		TITLE		
NAME	4001 HILLCREST DR #1106		NAME		
STREET ADDRESS	HOLLYWOOD, FL 33021		STREET ADDRESS		
CITY-ST-ZIP			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: <u>Rosalie Decker</u> Rosalie Decker 4/26/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					

44042258



04202004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1940672 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**