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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751051 (4)

1. Corporation Name

THE HALLMARK OF HOLLYWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3800 S. OCEAN DRIVE
HOLLYWOOD FL 33019

3800 S. OCEAN DRIVE
HOLLYWOOD FL 33019-2927



3. Date Incorporated or Qualified
02/12/1980

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-2035593

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATUKONIS, JOSEPH A.
3800 S. OCEAN DR.
HOLLYWOOD FL 33019

81 Name

HOWARD LIPSIOUS

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

SAME ADDRESS

83

84 City

85 Zip Code

11. Pursuant to the provisions of Section 617.0503 and 617.0504, Florida Statutes, the undersigned hereby certifies the 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

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 PD
NAME GOLDMAN, CARL
STREET ADDRESS 3800 S OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME WINKLER, ALFRED
STREET ADDRESS 3800 S OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME HAMBURGER, PAUL
STREET ADDRESS 3800 S OCEAN DR
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME LIPSIOUS, HOWARD
STREET ADDRESS 3800 SOUTH OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME PUTTERMAN, LEONARD
STREET ADDRESS 3800 S OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BENSON, MAURICE
STREET ADDRESS 3800 S OCEAN DR
CITY-ST-ZIP HOLLYWOOD FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023429

CR2E037 (9/96)