

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90051 013 ****61.25

DOCUMENT # 751051

1. Corporation Name

THE HALLMARK OF HOLLYWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**3800 S. OCEAN DRIVE
HOLLYWOOD FL 33019**

Mailing Address

**3800 S. OCEAN DRIVE
HOLLYWOOD FL 33019
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/12/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2035593

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWARD LIPSUS
3800 S. OCEAN DR.
HOLLYWOOD FL 33019**

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

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	<input checked="" type="checkbox"/> DELETE
NAME	WINKLER, ALFRED	
STREET ADDRESS	3800 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WINKLER, ALFRED	
STREET ADDRESS	3800 S OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMBURGER, PAUL	
STREET ADDRESS	3800 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LIPSUS, HOWARD	
STREET ADDRESS	3800 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	SPIER, ALVIN	
STREET ADDRESS	3800 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, MAURICE	
STREET ADDRESS	3800 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dr. Alfred Winkler	
1.3 STREET ADDRESS	3800 S. Ocean Drive	
1.4 CITY-ST-ZIP	Hollywood FL 33019	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul Hamburger	
2.3 STREET ADDRESS	3800 S. Ocean Drive	
2.4 CITY-ST-ZIP	Hollywood FL 33019	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Yetta Fass	
3.3 STREET ADDRESS	3800 S. Ocean Dr	
3.4 CITY-ST-ZIP	Hollywood FL 33019	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Howard Lipsius	
4.3 STREET ADDRESS	3800 S. Ocean Drive	
4.4 CITY-ST-ZIP	Hollywood FL 33019	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Alvin Spier	
5.3 STREET ADDRESS	3800 S. Ocean Dr	
5.4 CITY-ST-ZIP	Hollywood FL 33019	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Horcia Fischer	
6.3 STREET ADDRESS	3800 S. Ocean Drive	
6.4 CITY-ST-ZIP	Hollywood FL 33019	

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-99

Date

Daytime Phone #

CR2E037 (11/98)