

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **757157** (3)

1. Corporation Name

HILLCREST EAST NO. 20 INC.

Principal Place of Business	Mailing Address
HILLCREST EAST # 20. INC. CONDO OFFICE HOLLYWOOD FL 33021	919 HILLCREST DRIVE CONDO OFFICE HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

04/27/1981

4. FEI Number

59-2141470

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIFSCHIN, SAMUEL  
919 HILLCREST DR., #412  
HOLLYWOOD FL 33021

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISER, LOUIS	
STREET ADDRESS	919 HILLCREST DR., #703	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LIFSCHIN, SAMUEL	
STREET ADDRESS	919 HILLCREST DR., #412	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHIZNER, SYBIL	
STREET ADDRESS	919 HILLCREST DR. #503	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOTTER, PHILLIP	
STREET ADDRESS	919 HILLCREST DR #715	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, ELWOOD	
STREET ADDRESS	919 HILLCREST DR., #308	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SADOWSKY, SAMMUEL	
STREET ADDRESS	919 HILLCREST DR., #208	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Samuel Lifschin* **REQUIRED** President

1-9-98 954-963-3203

CR2E037 (10/97)