

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 07, 2006
Secretary of State**

DOCUMENT# N05000001547

Entity Name: HOLLYWOOD PARC CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O THE CONTINENTAL GROUP INC
2950 N. 28TH TERR
HOLLYWOOD, FL 33020**New Principal Place of Business:**C/O THE CONTINENTAL GROUP INC
1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134**Current Mailing Address:**C/O THE CONTINENTAL GROUP INC
2950 N. 28TH TERR
HOLLYWOOD, FL 33020**New Mailing Address:**C/O THE CONTINENTAL GROUP INC
1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134**FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERNANDEZ, OMAR A
701 BRICKELL AVE STE 2280
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**RAULIN, KURT A
1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

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.

SIGNATURE: KURT A RAULIN

09/07/2006

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: DP () Delete
Name: HERNANDEZ, OMAR A
Address: 701 BRICKELL AVE STE 2280
City-St-Zip: MIAMI, FL 33131Title: DS () Delete
Name: BOSCHETTI, LUIS
Address: 2159 CORAL WAY
City-St-Zip: MIAMI, FL 33145Title: DV () Delete
Name: BOSCHETTI, JOSE
Address: 2159 CORAL WAY
City-St-Zip: MIAMI, FL 33145**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: HERNANDEZ, OMAR A
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134Title: DS (X) Change () Addition
Name: BOSCHETTI, LUIS
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134Title: DV (X) Change () Addition
Name: BOSCHETTI, JOSE
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR A HERNANDEZ

DP

09/07/2006

Electronic Signature of Signing Officer or Director_____
Date