

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 06, 1996 08:00 AM
Secretary of State

DOCUMENT # N15708 (3)

1. Corporation Name
THE HOLLYWOOD BEACH RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
101 N OCEAN DR #8 HOLLYWOOD FL 33019 US

3. Date Incorporated or Qualified **07/03/1986**
3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2700531**
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**LUBART, LEN
GREENSPOON, MARDER, HIRSCHFELD & RAFKIN
100 W. CYPRESS CREEK RD., SUITE 700
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
81 Name **SALLY MORRIS, PROPERTY MANAGER
DAILY MANAGEMENT, INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **101 N. OCEAN DR., #8**
83
84 City **HOLLYWOOD** FL 85 Zip Code **33019**

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, 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 *Sally Morris* **SALLY MORRIS Prop. mgr. 2-5-96**
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	PD	<input type="checkbox"/> DELETE
NAME	SHURE, MICHAEL	
STREET ADDRESS	101 NORTH OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOODALL, BRENDA	
STREET ADDRESS	101 N OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILBERT, PAT	
STREET ADDRESS	845 N. RAINBOW DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, PATRICIA	
STREET ADDRESS	101 N OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUMAN, DAVID	
STREET ADDRESS	101 N OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KESSLER, THOMAS	
STREET ADDRESS	101 N OCEAN DR	
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	20000 1734202
2.4 CITY-ST-ZIP	-03/06/96--01065--007
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	***122.50
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S SCHECHER, RICHARD
4.3 STREET ADDRESS	499 MARLBORO ROAD
4.4 CITY-ST-ZIP	OLD BRIDGE, NJ 08857
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *David M. Bauman* **DAVID M. BAUMAN MBREAS, 800** 1/18/96 922-3438
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)



**Hollywood Beach Resort
Condominium Association Inc.**



101 N. Ocean Drive, #8 • Hollywood, Florida 33019
(305) 921-7085 • Fax (305) 921-8758

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Addendum to: Nonprofit Corporation Annual Report 1996

Re: Corporate Name: Hollywood Beach Resort Condominium Association, Inc.

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12. D (Addition)
Pollock, Marshall
101 N. OCEAN DR.
HOLLYWOOD, FL 33019