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**Jul 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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
101 N. OCEAN DRIVE #8 HOLLYWOOD FL 33019 US

3. Date Incorporated or Qualified
07/03/1986

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

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

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 30

9. Name and Address of Current Registered Agent

**DAILY MANAGEMENT, INC
401 RACQUET CLUB ROAD
FT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

**81
82 CONDOMINIUM HOTEL MANAGEMENT CORP
83 101 NORTH OCEAN DRIVE
84 HOLLYWOOD, FL 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 for 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 617.0508, Florida Statutes.

SIGNATURE SALLY MORHAM DATE 6/5/98

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHURE, MICHAEL		1.2 NAME THOMAS KORNITZER	
STREET ADDRESS 101 NORTH OCEAN DR.		1.3 STREET ADDRESS 101 NORTH OCEAN DRIVE	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP HOLLYWOOD, FL 33019	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOODALL, BRENDA		2.2 NAME MAC BAGBY	
STREET ADDRESS 101 N OCEAN DR		2.3 STREET ADDRESS 101 NORTH OCEAN DRIVE	
CITY-ST-ZIP HOLLYWOOD FL		2.4 CITY-ST-ZIP HOLLYWOOD, FL 33019	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POLLOCK, MARSHALL		3.2 NAME MARSHALL POLLOCK	
STREET ADDRESS 101 N OCEAN DR		3.3 STREET ADDRESS 101 NORTH OCEAN DRIVE	
CITY-ST-ZIP HOLLYWOOD FL		3.4 CITY-ST-ZIP HOLLYWOOD, FL 33019	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHECHER, RICHARD		4.2 NAME RICHARD SCHECHER	
STREET ADDRESS 499 MARLBORO RD		4.3 STREET ADDRESS 500 CRAIG ROAD	
CITY-ST-ZIP OLD BRIDGE NJ 08857		4.4 CITY-ST-ZIP MANALAPAN, NJ 07726	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SINGLEY, ART		5.2 NAME GERALD GREENBERG	
STREET ADDRESS 101 N OCEAN DR		5.3 STREET ADDRESS 101 NORTH OCEAN DRIVE #8	
CITY-ST-ZIP HOLLYWOOD FL		5.4 CITY-ST-ZIP HOLLYWOOD, FL 33019	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KESSLER, THOMAS		6.2 NAME THOMAS KESSLER	
STREET ADDRESS 101 N OCEAN DR		6.3 STREET ADDRESS 101 NORTH OCEAN DRIVE #8	
CITY-ST-ZIP HOLLYWOOD FL		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)(f), 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 [Signature] DATE 7/10/98

CR2E037 (10/97)