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**Apr 14, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N15708**

1. Corporation Name  
**THE HOLLYWOOD BEACH RESORT CONDOMINIUM ASSOCIATI  
 ON, INC.**

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

Mailing Address  
 101 N. OCEAN DRIVE  
 #8  
 HOLLYWOOD FL 33019  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/03/1986	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-2700531	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONDOMINIUM HOTEL MANAGEMENT CORP. 101 N 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 Sally Harris DATE 3-17-99

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	P	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNITZER, THOMAS		1.2 NAME				
STREET ADDRESS	101 N OCEAN DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BAGBY, MAC		2.2 NAME	CHERYL VIRGO			
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				
STREET ADDRESS	101 N OCEAN DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SCHECHER, RICHARD		4.2 NAME	MICHAEL MC MANUS			
STREET ADDRESS	499 MARLBORO RD		4.3 STREET ADDRESS	101 NORTH OCEAN DRIVE			
CITY-ST-ZIP	OLD BRIDGE NJ 08857		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GREENBERG, GERALD		5.2 NAME	PORTIA SCHER			
STREET ADDRESS	101 N OCEAN DR		5.3 STREET ADDRESS	101 NORTH OCEAN DRIVE			
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KESSLER, THOMAS		6.2 NAME				
STREET ADDRESS	101 N OCEAN DR		6.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 3/17/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99052700 CR2E037 (11/98)