

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 16 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
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**DOCUMENT # N31369 (4)**  
1. Corporation Name  
**HILLCREST COUNTRY CLUB NO. 8 CONDOMINIUM, INC.**



Principal Place of Business <b>1101 S HILLCREST CT HOLLYWOOD FL 33021</b>	Mailing Address <b>1101 S HILLCREST CT HOLLYWOOD FL 33021</b>
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3. Date Incorporated or Qualified <b>03/24/1989</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number <b>65-0111622</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SUBIN, IRA H  
1101 S HILLCREST CT  
HOLLYWOOD 33021**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUBIN, IRA	
STREET ADDRESS	1101 S. HILLCREST CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	<del>TD</del>	<del><input type="checkbox"/> DELETE</del>
NAME	HUDLER, LYNN	
STREET ADDRESS	1101 S. HILLCREST CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	<del>TD</del>	<input type="checkbox"/> DELETE
NAME	<del>HOLDERMAN</del>	
STREET ADDRESS	1011 S. HILLCREST CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	<del>X</del>	<input type="checkbox"/> DELETE
NAME	SHILLING, BARNEY	
STREET ADDRESS	1101 S. HILLCREST CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITE, JUNE	
STREET ADDRESS	1001 S. HILLCREST CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KORN, DAVID	
STREET ADDRESS	1101 S. HILLCREST CT.	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MIKE NOVAK</b>
3.3 STREET ADDRESS	<b>1101 S HILLCREST CT</b>
3.4 CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>WENDY BECKERMAN</b>
4.3 STREET ADDRESS	<b>1101 S. HILLCREST CT</b>
4.4 CITY-ST-ZIP	<b>HOLLYWOOD, FLORIDA 33021</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>WENDY BECKERMAN</b>
6.3 STREET ADDRESS	<b>1101 S. HILLCREST CT</b>
6.4 CITY-ST-ZIP	<b>HOLLYWOOD, FLORIDA 33021</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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: \_\_\_\_\_ **1/29/98**

CP2E037 (10/97)