

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44634** (6)
1. Corporation Name
HILLCREST COUNTRY CLUB NO. 9, INC.

Principal Place of Business Mailing Address
**1001 S. HILLCREST CT., APT #9
HOLLYWOOD FL 33021
US** **1001 HILLCREST CT.
HOLLYWOOD FL 33021-7837
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/12/1991** 3a. Date of Last Report **04/01/1994**
4. FEI Number **65-0312938** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** *1001 S. HILLCREST CT*
22 City & State **27** *APT #11 Bldg 9*
23 Zip Country **28** *Hollywood FLA*
24 **25** **29** **30** *33021 BROWARD*

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSS, MARVIN
1001 S. HILLCREST CT
APT 111
HOLLYWOOD FL 33021

81 Name *BEATRICE C. OSSWALD*
82 Street Address (P.O. Box Number is Not Acceptable) *1001 S HILLCREST CT.*
83
84 City *HOLLYWOOD* FL 85 Zip Code *33021*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Beatrice C. Oswald* *Resident 3/30/95*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-elected) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **GROSS, MARVIN**
STREET ADDRESS **1001 S. HILLCREST CT**
CITY - ST - ZIP **HOLLYWOOD FL**
TITLE **VP - D**
NAME **SANDLER, IRVING**
STREET ADDRESS **1001 S. HILLCREST CT.**
CITY - ST - ZIP **HOLLYWOOD FL**
TITLE **TD**
NAME **MC GEE, ELEANOR**
STREET ADDRESS **1001 S. HILLCREST CT.**
CITY - ST - ZIP **HOLLYWOOD FL**

1.1 TITLE Change Addition
1.2 NAME *PRESIDENT - P*
1.3 STREET ADDRESS *OSSWALD, BEATRICE C*
1.4 CITY - ST - ZIP *1001 S HILLCREST CT*
HOLLYWOOD FLA. 33021
2.1 TITLE Change Addition
2.2 NAME *ST D*
2.3 STREET ADDRESS *ROBERTA L. HILAK*
2.4 CITY - ST - ZIP *1001 S HILLCREST CT*
HOLLYWOOD FLA 33021
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 110.07(3)(4), 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: *Beatrice C. Oswald* *3/31/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Optional Name)
President