

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

DOCUMENT # **N44634** (6)

1. Corporation Name
HILLCREST COUNTRY CLUB NO. 9, INC.



Principal Place of Business: 1001 S. HILLCREST CT., #9 HOLLYWOOD FL 33021 US
Mailing Address: 1001 HILLCREST CT. APT #311, BLDG 9 HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24):
2a. Mailing Address (26-30):
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24), Country (25)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29), Country (30)

4. FEI Number: 65-0312938
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent
**OSSWALD, BEATRICE C.
1001 S. HILLCREST CT
HOLLYWOOD FL 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: *Beatrice C. Oswald* DATE: 4/19/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OSSWALD, BEATRICE C.	
STREET ADDRESS	1001 S. HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SANDLER, IRVING	
STREET ADDRESS	1001 S. HILLCREST CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MC GEE, ELEANOR	
STREET ADDRESS	1001 S. HILLCREST CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

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	DIOMIGUARDI, JOHN
2.3 STREET ADDRESS	1001 S HILLCREST CT
2.4 CITY-ST-ZIP	Hollywood FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100001795681
5.3 STREET ADDRESS	-04726796--01021--007
5.4 CITY-ST-ZIP	***61.25
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: *Beatrice C. Oswald* DATE: 4/19/96

CR2E037 (12/95)

4/25/96