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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
1001 S. HILLCREST CT., #9 HOLLYWOOD FL 33021 US
301- APT 301, BLDG 9 HOLLYWOOD FL 33021-7886 US

3. Date Incorporated or Qualified 08/12/1991
3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 1001 S HILLCREST CT
22 City & State 27 APT 301, BLDG 9
23 Zip Country 28 Hollywood, FL
24 33021 25 29 30 BROWARD

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 JOHN DIOMIGUARDI
82 Street Address (P.O. Box Number is Not Acceptable) 1001 S HILLCREST CT
83 UNIT 201
84 City HOLLYWOOD FL 85 Zip Code 33021

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 John Diomiguardi President DATE 3-10-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OSWALD, BEATRICE C.	
STREET ADDRESS	1001 S. HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DIOMIGUARDI, JOHN	
STREET ADDRESS	1001 S. HILLCREST CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGEE, 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIOMIGUARDI, JOHN	
1.3 STREET ADDRESS	1001 S HILLCREST CT	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SYLVIA KALISH	
2.3 STREET ADDRESS	1001 S HILLCREST CT	
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

SIGNATURE John Diomiguardi President DATE 3-10-97 954 987 0100

CR2E037 (9/96)