

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90127 018 \*\*\*\*61.25

**DOCUMENT # N48487**

1. Entity Name

**HILLCREST CONDOMINIUM NO. 1, INC.**

Principal Place of Business

Mailing Address

5200 WASHINGTON ST  
 HOLLYWOOD FL 33021

5200 WASHINGTON ST  
 HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0383857**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REINFELD, MILDRED**  
**5200 WASHINGTON ST**  
**HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	ISOLANO, DELIA	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREAULT, JOYCE	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REINFELD, MILDRED	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHONG, CORDINALD	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDE D'ARCE MANNIA	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	B.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN WIKDOLINS	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mildred Reinfeld*  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

7/12/02 954 9615498

CR2E037 (4/02)