

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90084 010 \*\*\*\*61.25

**DOCUMENT # N49182**

1. Entity Name

HOLLYWOOD HILLS CIVIC ASSOCIATION, INC.



Principal Place of Business

CHRISTIE DEMINCO  
516 N RAINBOW DR.  
HOLLYWOOD FL 33021

Mailing Address

P.O. BOX 31-6044  
HOLLYWOOD FL 33081-6044  
US

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

65-0123657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMINICO, CHRISTIE  
516 N RAINBOW DR.  
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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	POLLAK, MELVIN	
STREET ADDRESS	5113 ARTHUR ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD <del>DEMINICO</del>	<input type="checkbox"/> Delete
NAME	DEMINICO, CHRISTIE	
STREET ADDRESS	516 N RAINBOW DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD <del>HILDRETH</del>	<input type="checkbox"/> Delete
NAME	HILDRETH, ROGER	
STREET ADDRESS	4008 ARTHUR STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD <del>HILDRETH</del>	<input type="checkbox"/> Delete
NAME	HILDRETH, BONNIE	
STREET ADDRESS	4008 ARTHUR STREET	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:**

*Roger W. Hildreth*

2/2/05

954-962-8293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #