

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 701196

1. Entity Name
HOLLYWOOD LODGE NO 1732, BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES
OF AMERICA



Principal Place of Business
6282 WINFIELD BLVD
MARGATE, FL 33063

Mailing Address
6282 WINFIELD BLVD
MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0574520
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANDEL, NORMAN
6282 WINFIELD BLVD
MARGATE, FL 33063

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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 file if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD MANDEL, NORMAN 6282 WINFIELD BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD AVOGARDO, HARRY R 9500 SW THIRD ST B-129 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD LUPSELL, DOUGLAS R 6901 SW 6TH STREET PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

Norman Mandel NORMAN MANDEL Jan. 6, 2005 954-971-3956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #