

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002065

FILED
Feb 09, 2006
Secretary of State

Entity Name: HOLLYWOOD MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

210 S.FEDERAL HWY
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

C/OABSOLUTE PROPERTY MANAGEMENT
101 N.STATE RD #7,119
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-3380077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABSOLUTE PROPERTY MANAGEMENT,INC
101 NSTATE RD 7
#119
MARGRATE, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRNJA, VALADIMIA
Address: 923 CAPTINA DR
City-St-Zip: HOLLYWOOD, FL 33019

Title: T () Delete
Name: GRNJA, VALASTA
Address: 923 CAPTINA DR
City-St-Zip: HOLLYWOOD, FL 33019

Title: S () Delete
Name: GRNJA, JENNIFER
Address: 923 CAPTINA DR
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Delete
Name: GRNJA, MARK
Address: 1024 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABSOLUTE PROPERTY MANAGEMENT

PM

02/09/2006

Electronic Signature of Signing Officer or Director

Date