NOT FOR PROFIT CORPORATION

ANNUAL REPORT

FILED
Feb 05, 2007 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	Mailing Address
6282 WINFIELD BLVD MARGATE, FL 33063	6282 WINFIELD BLVD MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE

01312007 No Chg-NP CR2E037 (4/06)

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 date. If agent is a corporation, the name and title of the officer signing. DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TRD
NAME	MANDEL, NORMAN
STREET ADDRESS	6282 WINFIELD BLVD
CITY ST ZIP	MARGATE, FL 33063
TITLE	TRD
NAME	AVOGARDO, HARRY R
STREET ADDRESS	1754 PALMLAND DR
CITY ST ZIP	BOYNTON BEACH, FL 33436
TITLE	TRD
NAME	LUPISELL, DOUGLAS R
STREET ADDRESS	6901 SW 6TH STREET
CITY ST ZIP	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 exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE