

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90185 046 \*\*\*\*61.25

**DOCUMENT # 702357**

1. Entity Name

HOLLYWOOD TERRACE APTS, INC. #2



Principal Place of Business

Mailing Address

2325 GARFIELD ST  
APT 11  
HOLLYWOOD FL 33020-0446  
US

2325 GARFIELD ST  
APT 11  
HOLLYWOOD FL 33020-0446  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2750382

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

DE PECOL, MARIO  
2325 GARFIELD  
APT 11  
HOLLYWOOD FL 33020

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 constituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Delete  
NAME: HANS, KUARMANN  
STREET ADDRESS: 2325 GARFIELD ST APT 12  
CITY-STATE-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete  
NAME: BENN, PATRICK  
STREET ADDRESS: 11596 NW 19 ST  
CITY-STATE-ZIP: HOLLYWOOD FL 33028

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ST ☐ Delete  
NAME: DEPECOL, MARIO  
STREET ADDRESS: 23225 GARFIELD ST APT 12  
CITY-STATE-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: VP ☐ Delete  
NAME: AUNER, GALE  
STREET ADDRESS: 2114 N 32ND AVENUE  
CITY-STATE-ZIP: HOLLYWOOD FL 33021

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: AUNER, JOHN  
STREET ADDRESS: 2325 GARFIELD ST 12A 10  
CITY-STATE-ZIP: HOLLYWOOD FL

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☒ Delete  
NAME: OPITRE, JEAN  
STREET ADDRESS: 2060 DUPARC  
CITY-STATE-ZIP: VARENNES QUEBEC CA 53-a164

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Mario De Pecol* MARIO DE PECOL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 26 2007 954 923 0456  
Date Daytime Phone #