
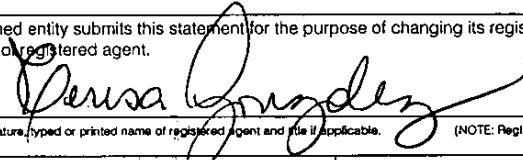


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90037 009 ****70.00

DOCUMENT # 728342 1. Entity Name 5300 MAINTENANCE AND MANAGEMENT CORPORATION					
Principal Place of Business 5300 WASHINGTON STREET HOLLYWOOD, FL 33021-8046				Mailing Address 5300 WASHINGTON STREET HOLLYWOOD, FL 33021-8046	
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		
6. Name and Address of Current Registered Agent GONZALEZ, TERRESA 5300 WASHINGTON ST. HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 5/8/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCARAMUZZI, VINCENT		NAME		
STREET ADDRESS	5300 WASHINGTON ST D201		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIPPODO, ROSEMARY		NAME	vice President, ROSEMARIE TRIPPODO	
STREET ADDRESS	5300 WASHINGTON ST M103		STREET ADDRESS	5300 WASHINGTON ST 103M	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	HOLLYWOOD FLA 33021	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIPP, LILIAM		NAME		
STREET ADDRESS	5300 WASHINGTON ST R110		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHERWOOD, LINDA		NAME	ACTING SECRETARY CATHERINE EVANOFF	
STREET ADDRESS	5300 WASHINGTON ST D-104		STREET ADDRESS	5300 WASHINGTON ST # Q202	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	HOLLYWOOD FL. 33021	
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	TREASURER PAUL CRESS	
STREET ADDRESS			STREET ADDRESS	5300 WASHINGTON ST # P335	
CITY-ST-ZIP			CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Rosemarie Trippodo Vice President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/8/08 (954) 9620121 <small>Date Daytime Phone #</small>		