

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002065

**Entity Name:** HOLLYWOOD MEDICAL CENTER CONDOMINIUM  
ASSOCIATION, INC.

**FILED**  
**Feb 02, 2017**  
**Secretary of State**  
**CC4547734992**

**Current Principal Place of Business:**

210 S.FEDERAL HWY  
2ND FLOOR  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

210 S.FEDERAL HWY  
2ND FLOOR  
HOLLYWOOD, FL 33020

**FEI Number: 20-3380077**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOLLYWOOD MEDICAL CENTER CONDOMINIUM ASSO  
210 S. FEDERAL HIGHWAY  
2ND FLOOR  
HOLLYWOOD, FL 33020 US

*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

**Officer/Director Detail :**

Title P  
Name GRNJA, VLADIMIR  
Address 923 CAPTIVA DR  
City-State-Zip: HOLLYWOOD FL 33019

Title T  
Name GRNJA, VLASTA  
Address 923 CAPTIVA DR  
City-State-Zip: HOLLYWOOD FL 33019

Title S  
Name GRNJA, JENNIFER  
Address 923 CAPTINA DR  
City-State-Zip: HOLLYWOOD FL 33019

Title VP  
Name GRNJA, MARK  
Address 1024 HARRISON STREET  
City-State-Zip: HOLLYWOOD FL 33019

I hereby 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 all other like empowered.

**SIGNATURE: MARKGRNJA**

**CEO**

**02/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date