


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 6282 WINFIELD BLVD MARGATE, FL 33063	Mailing Address 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	Associated For Not Associated
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MANDEL, NORMAN
6282 WINFIELD BLVD
MARGATE, FL 33063**

DO NOT WRITE IN THIS SPACE

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 _____
Agent, officer or director of the corporation or partnership FICLA registered agent or representative FICLA

**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 NAME STREET ADDRESS CITY ST ZIP	TRD MANDEL, NORMAN 6282 WINFIELD BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY ST ZIP	TRD AVOGARDO, HARRY R 1754 PALMLAND DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY ST ZIP	TRD LUPISELL, DOUGLAS R 6901 SW 6TH STREET 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	

U00000624288
02/14/07-80025-020 70.00

DO NOT WRITE IN THIS SPACE

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 subsequent 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 a power of attorney.

SIGNATURE: *Norman Mandel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR