


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 Associated For

59-0574520 Not Associated

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 _____

Agent, officer or director of the corporation Registered agent or director of the corporation

**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	
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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02/14/07-80025-020 70.00

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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 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