

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702357 (5)

1. Corporation Name

HOLLYWOOD TERRACE APTS, INC.



Principal Place of Business

Mailing Address

2325 GARFIELD ST APT 11A
HOLLYWOOD FL 33020-04462325 GARFIELD ST APT 12A
HOLLYWOOD FL 33020-34463. Date Incorporated or Qualified
04/28/19613a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 2325 GARFIELD ST APT 11

26 2325 GARFIELD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT. 11

27 APT. 11

City & State

City & State

23 HOLLYWOOD, FLA.

28 HOLLYWOOD, FLA.

Zip

Country

Zip

Country

24 33020-0446 25 BROWARD

29 33020- 30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYDEN, CLARENCE A.
2325 GARFIELD
APARTMENT 15
HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Clarence A. Boyden

JAN. 4, 1997

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input type="checkbox"/> DELETE
NAME	DE PECOL, MARIO	
STREET ADDRESS	2325 GARFIELD ST #11	
CITY - ST - ZIP	HOLLYWOOD FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOUCHARD STELLA APT 12	
1.3 STREET ADDRESS	2325 GARFIELD ST.	
1.4 CITY - ST - ZIP	HOLLYWOOD FLA.	

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOYDEN, CLARENCE A.	
STREET ADDRESS	2325 GARFIELD ST. #15	
CITY - ST - ZIP	HOLLYWOOD FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUTH MOLL	
2.3 STREET ADDRESS	2325 GARFIELD ST. APT 9	
2.4 CITY - ST - ZIP	HOLLYWOOD FLA.	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARGRITE, ORLOFF.	
STREET ADDRESS	2325 GARFIELD ST APT 12A	
CITY - ST - ZIP	HOLLYWOOD FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TREMBLAY, ARMAND	
STREET ADDRESS	2325 GARFIELD ST #14	
CITY - ST - ZIP	HOLLYWOOD FL	

4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREMBLAY, ARMAND APT 14	
4.3 STREET ADDRESS	2325 GARFIELD ST. #14	
4.4 CITY - ST - ZIP	HOLLYWOOD, FLA.	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CHOVINARD, JULIEN	
STREET ADDRESS	2325 GARFIELD ST. #16	
CITY - ST - ZIP	HOLLYWOOD FL	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RITA CHOVINARD APT 16	
5.3 STREET ADDRESS	2325 GARFIELD ST.	
5.4 CITY - ST - ZIP	HOLLYWOOD FLA.	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clarence A. Boyden

JAN. 4, 1997

Date

Daytime Phone # 0021379

CP2E037 (9/96)