

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702357** (5)
1. Corporation Name
HOLLYWOOD TERRACE APTS, INC.



Principal Place of Business		Mailing Address	
2325 GARFIELD ST APT 12A APT 11 HOLLYWOOD FL 33020-0446 US		2325 GARFIELD ST APT 12A APT 11 HOLLYWOOD FL 33020-0446 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 04/28/1961	
4. FEI Number 59-2750382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Mario De Pecol sec. 82 Street Address (P.O. Box Number is Not Acceptable) 2325 Garfield ST apt 11 83 84 City Hollywood FL 85 Zip Code 33020	

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 *Mario De Pecol* DATE **3/27/1998**
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PECOL, MARIO	1.2 NAME	
STREET ADDRESS	2325 GARFIELD ST #11	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYDEN, CLARENCE A.	2.2 NAME	
STREET ADDRESS	2325 GARFIELD ST. #15	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, STELLA	3.2 NAME	
STREET ADDRESS	23225 GARFIELD ST APT 12	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMBLAY, ARMAND	4.2 NAME	President
STREET ADDRESS	2325 GARFIELD ST APT 14	4.3 STREET ADDRESS	Armand Tremblay
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	2325 Garfield ST APT 14
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOUVINARD, RITA	5.2 NAME	Vice President
STREET ADDRESS	2325 GARFIELD ST	5.3 STREET ADDRESS	Rita Chouvinard
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	2325 Garfield ST APT 16
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLL, RUTH	6.2 NAME	
STREET ADDRESS	2325 GARFIELD ST APT 9	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	

14. I 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: *Mario De Pecol sec.* 3-16-98 954 993 0456

CR2E037 (10/97)