FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT_#_ **70235**7

1. Corporation Name

HOLLYWOOD TERRACE APTS, INC. No. 久

Principal Place of Business

Mailing Address

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90054 034 ****61.25

201148 - 90054 - 34



APT 11	######################################								
2. Principal P	Place of Business SarField ST	2a. Mailing Address 26 Same as a	Lbovo		3. Date Incorporate 04/28/1961	d or Qualifed			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For S9-2750382 Not Applicable				
City & State City & State City & State City & State					5. Certifcate of Sta	tus Desired	\$8.75 A Fee Re		
Zip Country Zip 24 33030-0446 25 Processo 29 31				/ 	6. Election Campai Trust Fund Cont	ribution	\$5.00 Added to		
	9. Name and Address of Current	t Registered Agent		1	10. Name and Add	ress of New Registe	red Agent		
1			81	Name					
DE PECOL. MARIO 2325 GARFIELD			82	Street Add	Iress (P.O. Box Number	is Not Acceptable)			
APT 11			83			-			
	OOD FL 33020		84	City			FL 85 Zip C	ode	
	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligate Signature, typed or printed name of registered agen	of Florida. Such change was autitions of, Section 617.0503, Florid	da Statutes	s.	poration submits this station's board of directors. The when reinstating is the station of the	I hereby accept the a	·	jistered	
12.		D DIRECTORS	13.	in signature requir		NGES TO OFFICERS	AND DIRECTO	RS IN 12	
-	ST	DELETE	1.1 TITLE				Change	Addition	
TITLE	171		1.2 NAME		:	٠.	—, , ,		
NAME	DE PECOL, MARIO			T 4 DDDDE00			4		
STREET ADDRESS				TADDRESS	•		,		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S	ST-ZIP		· · ·	Change	Addition	
TITLE	P	☐ DELETE	2.1 TITLE				□ Citalige		
NAME	BOYDEN, CLARENCE A.		2.2 NAME						
STREET ADDRESS	1		2.3 STREE	TADDRESS			×		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-	ST-ZIP			П.Сh	- Addition	
TITLE	D	☐ DELETE	3.1 TITLE	}			☐ Change	☐ Addition	
NAME	BOUCHARD, STELLA		3.2 NAME	Į				•	
STREET ADDRESS	23225 GARFIELD ST APT 12		3.3 STREE	T ADDRESS			• •	•	
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-	ST-ZIP					
TITLE	PD	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	TREMBLAY, ARMAND		4. 2 NAME	:					
STREET ADDRESS	TARE CAREITIES OF ART 44		4.3 STREE	T ADDRESS		*	•		
CITY-ST-ZIP	HOLLYWOOD FL 33020		4.4 CITY-S	ST-ZIP					
TITLE	D-	☑ DELETE	5.1 TITLE				Change	☐ Addition	
NAME	CHOUVINARD, RITA		5.2 NAME			•			
STREET ADDRESS			5.3 STREE	T ADDRESS					
	HOLLYWOOD FL.		5,4 CITY-5	ST-ZIP					
CITY-ST-ZIP TITLE	D	☐ DELETE	6.1 TITLE				. Change	Addition	
	T _		6.2 NAME		•	•	_ ,		
NAME	MOLL, RUTH		1	ET ADDRESS		4	:		
STREET ADDRESS	2325 GARFIELD ST APT 9		6.3 STREE			1.1			
i	I DO I I VIRANTI EI		= K4 D V.	SIAZIP I			1		

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, with all other like empowered.

SIGNATURE: MARIOSIPEA

Sect. 3-3-99 954 923 -0 456