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**Mar 10, 1999 8:00 am**  
**Secretary of State**

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 702357

1. Corporation Name  
**HOLLYWOOD TERRACE APTS, INC. No. 2**

ZU1148 - 90054 - 34

Principal Place of Business  
 2325 GARFIELD ST APT ~~12A~~  
 APT 11  
 HOLLYWOOD FL 33020-0446  
 US

Mailing Address  
 2325 GARFIELD ST ~~APT 12A~~  
 APT 11  
 HOLLYWOOD FL 33020-0446  
 US



2. Principal Place of Business 21 <b>2325 Garfield ST</b> Suite, Apt. #, etc. 22 <b>APT. 11</b> City & State 23 <b>Hollywood, FL</b> Zip 24 <b>33020-0446</b>	2a. Mailing Address 26 <b>same as above</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified <b>04/28/1961</b>	4. FEI Number <b>59-2750382</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent <b>DE PECOL MARIO</b> <b>2325 GARFIELD</b> <b>APT 11</b> <b>HOLLYWOOD FL 33020</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ 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	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE PECOL, MARIO</b>	1.2 NAME	
STREET ADDRESS	<b>2325 GARFIELD ST #11</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYDEN, CLARENCE A.</b>	2.2 NAME	
STREET ADDRESS	<b>2325 GARFIELD ST. #15</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUCHARD, STELLA</b>	3.2 NAME	
STREET ADDRESS	<b>23225 GARFIELD ST APT 12</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREMBLAY, ARMAND</b>	4.2 NAME	
STREET ADDRESS	<b>2325 GARFIELD ST APT 14</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOUVINARD, RITA</b>	5.2 NAME	
STREET ADDRESS	<b>2325 GARFIELD ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLL, RUTH</b>	6.2 NAME	
STREET ADDRESS	<b>2325 GARFIELD ST APT 9</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	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)(l), 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: **MARIO SIDA PIECOLE** *Mario Sida Piecole* **3-3-99 954 923-0456**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)