

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-03-2003 90325 016 ****61.25

DOCUMENT # 711196

1. Entity Name
HILLCREST COUNTRY CLUB APTS. INC., NO. 4



Principal Place of Business

**1000 S HILLCREST CT
BLDG 4
HOLLYWOOD FL 33021
US**

Mailing Address

**1000 S HILLCREST CT
BLDG 4
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1233511**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WALTER AL~~ **Dorothy H. Katz**
1000 SOUTH HILLCREST COURT
HOLLYWOOD FL 33021
*Acting Pres.
Treasurer*

Name **DOROTHY KATZ**
Street Address (P.O. Box Number is Not Acceptable)
1000 S. HILLCREST CT
Bldg 4 Apt 109
City **Hollywood** FL Zip Code **33021**

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 *Dorothy H. Katz* *Treasurer* **1/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 ✓

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State ✓

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	BREANSON, ADELE	<i>Secy</i>
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANTZ, ROBERT	<i>Director</i>
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KATZ, DOROTHY	<i>Acting Pres Treasurer</i>
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARABAGLIA, JOHN	<i>Director</i>
STREET ADDRESS	1000 S. HILLCREST CT,	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATALDI, UGO	<i>Director</i>
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	VALVANO, AL	<i>Delete</i>
STREET ADDRESS	1000 S HILLCREST CT	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS BRANSE	<i>Director</i>
STREET ADDRESS	1000 S. HILLCREST CT	
CITY-ST-ZIP	Hollywood FL	

12. 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 report or supplemental 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 all other like empowered.

SIGNATURE: *Dorothy H. Katz* **1/28/03** **954962-9942**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E037 (10/02)