FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(7)

FILED Feb 05 1998 8:00am Secretary of State

1-21-1990 (954) 921-1700

CHTSTAL COURT NO. 4 CONDOMINIUM, INC.						
Principal Place of Business		Mailing Address				T TO THE COURT COURT COURT COURT OF THE COUR
2621 & 2623 G HOLLYWOOD I	FL 3302 0	2621 & 2623 GRANT STREET HOLLYWOOD FL 33020				3. Date Incorporated or Qualified 10/13/1964 4. FEI Number Applied For
SAME AS ABOVE 2. Principal Place of Business 2a. Mailing Address						59-2397748 Not Applicable
					Certificate of Status Desired S8.75 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Fee Required 6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution Added to Fees
City & Stat		City & State	28			7. Is this nonprofit corporation a homeowners association? X Yes \(\sum \) No
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24 25 29 30 9. Name and Address of Current Registered Agent			30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
					me	10. Hanna alla Addissa ol Han Hagistalaa Ağalı
AMBROSIA, MARY				Str	et Addre	ss (P.O. Box Number Is Not Acceptable)
2621 GRANT ST. APT. 9A			83	83		
	VOOD FL 33020		84			85 Zip Code
-27						FL
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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE						
12. OFFICERS AND DIRECTORS 13.				MAINT BILLIO	ature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1:1 TITLE			☐ Change ☐ Addition
NAME	ANGRISANO, GEORGE		1.2 NAME			
STREET ADDRESS	2621 GRANT ST		1.3 STREET ADDRESS		ss	
CITY-ST-ZIP				TTY-ST-ZIP Change C		Change Addition
TITLE NAME	AMPARALL MOLIMAN		2.1 TITLE 2.2 NAME		-	Change Addition
STREET ADDRESS	2823 GRANT ST. #3A	2.3 STRE				
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY - ST - ZIP		33]	
TITLE	D			TLE Change		☐ Change ☐ Addition
NAME	D		3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADORE	ss	
CITY-ST-ZIP			3.4. CITY -	ST-ZIP		
TITLE NAME	I		4.1 TITLE 4. 2 NAME		1	☐ Change ☐ Addition
STREET ADDRESS	TURSDELL, TRUDY 2623 GRANT ST. APT 1-A		4.2 NAME		ce	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-		55	
TITLE	SD SD	DELETE	5.1 TITLE	31-211		☐ Change ☐ Addition
NAME	VARGIS, MARY		5.2 NAME			•
STREET ADDRESS	2621 GRANT ST 11B		5.3 STREE	t addre	ss	
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-	ST-ZIP		
TITLE	T	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	AMBROSIO, MARY	6.3				
STREET ADORESS	2621 GRANT ST. #9A		6.3 STREE		SS	
CITY-S1-ZIP	HOLLYWOOD FL	with this filing does not qualify for	6.4 CiTY-		lated in S	ection 119 07(3Vi) Florida Statutes. I further certify that the information
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 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.						