


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **712306** (0)

1. Corporation Name

**HOLLYWOOD PLAYHOUSE, INCORPORATED**

Principal Place of Business

Mailing Address

**2640 WASHINGTON STREET  
HOLLYWOOD FL 33020**

**2640 WASHINGTON STREET  
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

**02/22/1967**

4. FEI Number

**59-1091904**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONALD R. WALTERS**

**2189 SE 9 ST. 1401- UNIVERSITY DR STE 301  
POMPANO BCH FL 33062 CORAL SPRING, FL  
33071**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **WALTERS, DONALD**  
CITY-ST-ZIP **1030 SW 46 AVE., #305  
POMPANO BCH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **JEFFREY OSTROW**  
CITY-ST-ZIP **3280-SW 44 SR.  
FT. LAUDERDALE FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D. FRANK**  
2.3 STREET ADDRESS **2200 PARK LANE - 305**  
2.4 CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **FRANK, ABBY**  
CITY-ST-ZIP **2200 PARK LANE  
HOLLYWOOD FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **BRUCE YOSKIN**  
3.3 STREET ADDRESS **1685 N.W. 170 AVE**  
3.4 CITY-ST-ZIP **PEMBROKE PINES. HOLLYWOOD FL 33028**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **GREENFIELD, HOWARD**  
CITY-ST-ZIP **5920 SW 36 TERRACE  
FT LAUDERDALE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PATTI GARDNER**  
CITY-ST-ZIP **2502 EAGLE WATCH LANE  
WESTON FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **MD**  
STREET ADDRESS **MAVRIDES, MARIANNE**  
CITY-ST-ZIP **2640 WASHINGTON STREET  
HOLLYWOOD FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Marianne Mavrides* **MARIANNE MAVRIDES**

**2/17/98 954-922-0400**

CR2E037 (10/97)