

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90006 018 ****61.25

DOCUMENT # 713506

1. Entity Name

JEFFERSON CONDOMINIUM OF HOLLYWOOD, INC.



Principal Place of Business

1940 HARRISON STREET
300
HOLLYWOOD FL 33020

Mailing Address

1940 HARRISON STREET
300
HOLLYWOOD FL 33020

14023468



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2380070

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCHSZTEIN, FRED
1940 HARRISON STREET
300
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2004**

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 PD
NAME PRELL, JOAN
STREET ADDRESS 2005 JEFFERSON, APT #305
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME FAISA, VICTOR
STREET ADDRESS 2005 JEFFERSON, APT 309
CITY-ST-ZIP HOLLYWOOD FL 33020 ☒ Delete

TITLE VP
NAME Ralph Schuster
STREET ADDRESS 2005 Jefferson
CITY-ST-ZIP Hollywood, FL 33020 ☒ Change ☒ Addition

TITLE SD
NAME SCHULLER, AHNES
STREET ADDRESS 2005 JEFFERSON ST. #105
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TD
NAME Kimberly Vallee-Pienu
STREET ADDRESS 2005 Jefferson
CITY-ST-ZIP Hollywood, FL 33020 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Joan Prell Joan Prell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #