


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90033 017 ****61.25

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|--|--|---|--|---|--|
| DOCUMENT # 718827 1. Entity Name BEVERLY HILLS CONDOMINIUM NUMBER THREE, INC. | | | |  | |
| Principal Place of Business 5300 WASHINGTON STREET APT C111 HOLLYWOOD, FL 33021 US | | | Mailing Address 5300 WASHINGTON STREET APT C111 HOLLYWOOD, FL 33021 US | | |
| 2. Principal Place of Business 5300 WASHINGTON St. | | 3. Mailing Address 5300 WASHINGTON St. | | | |
| Suite, Apt. #, etc. C-113 | | Suite, Apt. #, etc. C-113 | | | |
| City & State Hollywood FL | | City & State Hollywood FL | | 4. FEI Number 59-2380645 | |
| Zip 33021 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33021 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MOLINO, ROSS 5300 WASHINGTON ST C-119 HOLLYWOOD, FL 33021 | | | 7. Name and Address of New Registered Agent ROSS MOLINO Street Address (P.O. Box Number is Not Acceptable) 5300 WASHINGTON St. C-113 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 <u>Ross Molino President Ron Anthony Molino</u> <u>2-7-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD MOLINO, ROSS 5300 WASHINGTON ST C-113 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARIA MOLINA 5300 WASHINGTON St. C-313 Hollywood FL 33021 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PIECUCH, LORRAINE 5300 WASHINGTON STREET, APT C112 HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ISAACS, MARY E 5300 WASHINGTON STREET, APT C217 HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP HUNT, GENEVA 5300 WASHINGTON ST. C 320 HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HURTON, ANITA 5300 WASHINGTON ST C-312 HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ron Anthony Molino</u> | | | <u>2-7-06</u> <u>954-989-9632</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |