## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

(3)

HILLCREST COUNTRY CLUB MENBERSHIP ASSOCIATION, I NC.

appears in Block 12 or Block 13 if changed, or on an attachment with an address,

**SMICHAEL DRONSICK** 950 HILLCREST DRIVE #114 HOLLYWOOD FL 33021-7937

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Principal Place of Business

Mailing Address

2a. Mailing Address

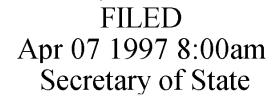
City & State

Suite, Apt. #, etc.

26

27

**SMICHAEL DRONSICK** 950 HILLCREST DRIVE #114 HOLLYWOOD FL 33021-7815





3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.<u>00 May B</u>

Not Applicable

3. Date incorporated or Qualified 02/25/1972

59-1808271

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23		28			}	Trust Fund Contrib	ution [	Added to	o Fées	
Zip	Country	Zip	Col	ntry		8. This corporation ha	s liability for inta	ngible tax under s.	199.032,	
24	25	29	30			Florida Statutes Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
•				<b>81</b> N	lame				ļ	
DRONSICK, MICHAEL				82 Street Address (P.O. Box Number is Not Acceptable)						
APT. 114				Sister Constant (1, 10) Sox Married to Motividad place (1)						
* 950 HILLCREST DRIVE				83						
HOLLYWOOD FL 33021				<b>B4</b> C	City		<del></del>	85 Zip 0	Sodo.	
					•			FL '	į	
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										
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 family in with, and accept the obligations of, Section 617.0503. Florida Statutes.										
SIGNATURE / MICH al DOVUEL /9/c/HAEL DRONSICK 3/20/97										
Syntature, typed or printed same of registered agent and title II applicable. (NOTE! Registered Agent signature required when reinstating) DATE										
12.		D DIRECTORS	13.			ADDITIONS/CHANG	SES TO OFFICER			
TOTLE	PD CALUE	DELETE	1.1 TI			RESILERST	WEIN	Be L. Change	Addition	
NAME	KASS, SAMUEL		1.2 N/		17	ARSHALL			`	
STREET ADDRESS	3800 HILLCREST DRIVE		1.3 5	REET ADD	DRESS 7	416 HARRIS			Ì	
City-St-ZiP	HOLLYWOOD FL			TY-5T-ZI	IP /	to Llywoo	DFL	<u> </u>	0	
TITLE	VP P	DELETE	2.1 11	LE		/		L. Change	Addition	
NAME	LEOPOLD, JACK		2.2 N	ME	1				}	
STREET ADDRESS	4800 HILLCREST LANE		2.3 \$1	REET ADD	DRESS				ł	
CITY-ST-ZIP	HOLLYWOOD FL.			ITY-ST-Z	IP	<del></del>				
TITLE	TD	DELETE	3.1 TI					L Change	L. Addition	
NAME	DRONSICK, MICHAEL		3.2 N		1				}	
STREET ADDRESS	950 HILLCREST DR.		3.3 \$1	REET ADD	DRESS				}	
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST-Z	iP .					
TITLE	SD	☐ DELÉTE	4.1 Ti		ł			Change	Addition	
Name	BEREZIN, ALICE		4.2 N						ļ	
STREET ADDRESS	4350 HILLCREST DRIVE		4.3 \$1	REET ADD	DRESS				}	
CITY - ST - ZIP	HOLLYWOOD FL			TY - ST - ZI	IP					
TITLE	i !	☐ DELETE	5.1 TI	_	·			☐ Change	L.] Addition ↓	
NAME	1		5.2 N	ME	1				}	
STREET ADDRESS			5.3 ST	REET ADD	ORESS				İ	
CITY - S1 - ZIP			5.4 CI	TY-ST-2)	IP	· · · · · · · · · · · · · · · · · · ·				
TITLE	 	☐ DELETE	6.1 TI	LE	1			Change	Addition	
NAME	ı		6.2 N	ME					}	
STREET ADDRESS			6.3 S1	REET ADD	DRESS					
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·		TY - ST - ZI						
14. I do hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name										