

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-24-2002 90017 017 ****61.25

DOCUMENT # 737503

1. Entity Name

HOLLYWOOD ESTATES HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

3300 N. STATE ROAD 7
 G636
 HOLLYWOOD FL 33021
 US

3300 N. STATE ROAD 7
 G636
 HOLLYWOOD FL 33021
 US

20924

2. Principal Place of Business

3. Mailing Address

*Hollywood Estates**3300 N. State Rd 7*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Club House/Pow Room Room**Box C 228*

City & State

City & State

*Hollywood FL**Hollywood FL*

Zip

Zip

*33021**33021*

Country

Country

*FLORIDA**FLORIDA*

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

PIERRETTE, ROBITALLE
3300 N. STATE ROAD 7
BOX B110
HOLLYWOOD FL 33021

Name

BEATRICE BEAVER

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

*3300 N. STATE RD 7**Box C 228*

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.

SIGNATURE

Beatrice D. Beaver, Sec

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/9/02***FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
 NAME **GRIGNON, CLAUDE**
 STREET ADDRESS **3300 N. STATE RD 7 H657**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **TD** ☒ Delete
 NAME **WHITE, RITA**
 STREET ADDRESS **3300 N. STATE ROAD 7, A104**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **PD** ☒ Delete
 NAME **ROBITALLE, PIERRETTE**
 STREET ADDRESS **3300 N. STATE RD 7 B110**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **VD** ☒ Delete
 NAME **GRIGNON, CLAUDE**
 STREET ADDRESS **3300 N. STATE RD 7 H657**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **SECRETARY** ☒ Delete
 NAME **BEATRICE BEAVER**
 STREET ADDRESS **3300 N. STATE RD 7 - C 228**
 CITY-ST-ZIP **Hollywood, FL 33021**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Beatrice D. Beaver, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 9th 2002 934 966 3591

CR2E037 (9/01)