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

SIGNATURE:

## Mar 02, 2004 8:00 am Secretary of State **DOCUMENT # 737503** 1. Entity Name 03-02-2004 90041 037 \*\*\*\*61.25 HOLLYWOOD ESTATES HOMEOWNERS ASSOCIATION INC. Principal Place of Business Mailing Address 3300 N. STATE ROAD 7 3300 N. STATE ROAD 7 in the second HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip . Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARANG BEAVER, BEATRICE -Street Address (P.O. Box Number is Not Acceptable) 3300 N. STATE ROAD 7 **BOX C 228** HOLLYWOOD FL 33021 Zip Code 330 24 Holly wood 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE PRESIDENT Change Delete ☐ Addition GIANNET TIND, IDA 3300 N STATE, PO7, B187 GINNETTINO, IDA NAME NAME 3300 N. STATE ROAD 7, A104 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 L+ WOOD FL. 33024 CITY - ST - ZIP CITY-ST-7IP TITLE TITLE Change Delete Addition YRNE, MARYJO ROBITAILLE, PIERRETTE NAME NAME 3300 N. STATE RD 7 B110 STREET ADDRESS 2300 N STATE R STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-78 CITY-ST-ZIP 4 000 D TITLE SECRETARY **☑** Delete Change ☐ Addition LOIS MARANO ROTATE ROT BEAVER, BEATRICE NAME 3300 N STATE RD 7 C228 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP VWOOD CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

FILED