


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 738682 <small>Entity Name</small> HOLLYWOOD SUN & SAND CONDOMINIUM, INC.	
---	---

<small>Principal Place of Business</small> 1315 NORTH OCEAN DRIVE HOLLYWOOD FL 33019	<small>Mailing Address</small> 1315 NORTH OCEAN DRIVE HOLLYWOOD FL 33019
--	--



2. Principal Place of Business	3. Mailing Address	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>

1st MOORE CR2E037 (10/05)

4. FEI Number 59-0951559	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOCHAN, FARCHAT H 1315 NORTH OCEAN DRIVE APT 105 HOLLYWOOD FL 33019	<small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>

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 filing online) **DATE** _____

FILE NOW: 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	
<small>TITLE</small>	PD SALOIS, PHILIP	<input type="checkbox"/> Delete	
<small>STREET ADDRESS</small>	1315 NORTH OCEAN DRIVE APT 202		
<small>CITY-ST-ZIP</small>	HOLLYWOOD FL 33019		
<small>TITLE</small>	T ALMONTE, ALFRED A JR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>	5 DEEP MEADOW LANE		
<small>CITY-ST-ZIP</small>	EAST GREENWICH RI 02818		
<small>TITLE</small>	D SALOIS, MARGE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>	1315 NORTH OCEAN DRIVE APT 202		
<small>CITY-ST-ZIP</small>	HOLLYWOOD FL 33019		
<small>TITLE</small>	SD CATON, PHYLISS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>	1315 NORTH OCEAN DRIVE APT 106		
<small>CITY-ST-ZIP</small>	HOLLYWOOD FL 33019		
<small>TITLE</small>	VD KOCHAN, FERCHAT H	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>	1315 NORTH OCEAN DRIVE APT 205		
<small>CITY-ST-ZIP</small>	HOLLYWOOD FL 33019		
<small>TITLE</small>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>			

1100000459604
03/18/06 00039-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____ Signature, typed or printed name of registered agent and title if applicable **DATE** _____

954-927-5