

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738682

FILED  
Feb 01, 2009  
Secretary of State

Entity Name: HOLLYWOOD SUN & SAND CONDOMINIUM, INC.

**Current Principal Place of Business:**

1315 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1315 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 59-0951559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOCHAN, FARCHAT H  
1315 NORTH OCEAN DRIVE  
APT 105  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SALOIS, PHILIP  
Address: 1315 NORTH OCEAN DRIVE APT 202  
City-St-Zip: HOLLYWOOD, FL 33019

Title: T ( ) Delete  
Name: ALMONTE, ALFRED A JR  
Address: 5 DEEP MEADOW LANE  
City-St-Zip: EAST GREENWICH, RI 02818

Title: D ( ) Delete  
Name: SALOIS, MARGE  
Address: 1315 NORTH OCEAN DRIVE APT 202  
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD ( ) Delete  
Name: MONTANEZ, ANN  
Address: 10 FROWEIN RD  
City-St-Zip: CENTER MORICHES, NY 11934

Title: VD ( ) Delete  
Name: KOCHAN, FERCHAT H  
Address: 1315 NORTH OCEAN DRIVE APT 205  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP SALOIS

PRES

02/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date