


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90700 026 ***158.75

DOCUMENT # 748510
 1. Entity Name
HILLCREST EAST NO. 27 INC.



Principal Place of Business
 3850 WASHINGTON STREET
 HOLLYWOOD, FL 33021

Mailing Address
 3850 WASHINGTON STREET
 HOLLYWOOD, FL 33021



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2000168

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEISSMAN, JOEL
 3850 WASHINGTON ST
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Joel Weissman*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEISSMAN, JOEL	
STREET ADDRESS	3850 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNNE, GURST	
STREET ADDRESS	3850 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GLEN, GREG	
STREET ADDRESS	3850 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, MARK	
STREET ADDRESS	3850 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, ROBERT	
STREET ADDRESS	3850 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, ROBERT	
STREET ADDRESS	3850 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TINA DE PASQUALE	
STREET ADDRESS	3850 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL EIBORSCHITZ	
STREET ADDRESS	3850 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT LATA	
STREET ADDRESS	3850 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDA SCHWELKE	
STREET ADDRESS	3850 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joel Weissman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5/29/04*
Date

Daytime Phone #: *954 962 0400*
Daytime Phone #