



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.	FILED 05 SEP 30 AM 11:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
City & State	City & State	07012005 Chg-NP CR2E037 (10/03)
Zip	Country	4. FEI Number 59-2000168
Zip	Country	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$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
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.		FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$61.25 Due by September 7, 2005	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
TITLE: P <input type="checkbox"/> Delete NAME: WEISSMAN, JOEL STREET ADDRESS: 3850 WASHINGTON ST CITY-ST-ZIP: HOLLYWOOD, FL 33021	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <i>JOEL</i> STREET ADDRESS: <i>3850 WASHINGTON ST</i> CITY-ST-ZIP: <i>HOLLYWOOD, FL 33021</i>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <i>200060202242</i> STREET ADDRESS: <i>10/04/05--01008--002</i> CITY-ST-ZIP: <i>**61.25</i>
TITLE: S <input type="checkbox"/> Delete NAME: LYNNE, GURST STREET ADDRESS: 3850 WASHINGTON STREET CITY-ST-ZIP: HOLLYWOOD, FL 33021	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <i>Schwelke, Frieda</i> STREET ADDRESS: <i>3850 WASHINGTON ST</i> CITY-ST-ZIP: <i>Hollywood FL 33021</i>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <i>DAINAS, LINDA</i> STREET ADDRESS: <i>3850 WASHINGTON ST</i> CITY-ST-ZIP: <i>Hollywood FL 33021</i>
TITLE: T <input type="checkbox"/> Delete NAME: DEPASQUALE, TINA STREET ADDRESS: 3850 WASHINGTON ST. CITY-ST-ZIP: HOLLYWOOD, FL 33021	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <i>STOCKETT, Robert</i> STREET ADDRESS: <i>3850 WASHINGTON ST</i> CITY-ST-ZIP: <i>Hollywood FL 33021</i>	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <i>LATIA, Robert</i> STREET ADDRESS: <i>3850 WASHINGTON ST</i> CITY-ST-ZIP: <i>Hollywood FL 33021</i>
TITLE: V <input type="checkbox"/> Delete NAME: EIBERSCHITZ, MICHAEL STREET ADDRESS: 3850 WASHINGTON ST. CITY-ST-ZIP: HOLLYWOOD, FL 33021	TITLE: <input checked="" 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		
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: <i>Joel M Weissman</i> JOEL M WEISSMAN		Date: <i>7/5/2005</i> Daytime Phone #: <i>9549620900</i>