

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90009 008 \*\*\*\*61.25

**DOCUMENT # 748730**

Entity Name  
**HOLLYWOOD TOWERS CONDOMINIUM ASSOCIATION,  
NC.**



Principal Place of Business  
**3111 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019**

Mailing Address  
**3111 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019**

4002400-



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2067629**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNEIDER, JOSEPH  
1720 HARRISON ST  
#1820  
HOLLYWOOD, FL 33020**

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STERN, JAMES L  
3111 N OCEAN DR  
HOLLYWOOD, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Robert Pole - Director** ☐ Change ☒ Addition  
**3111 N Ocean Drive unit 1606  
Hollywood FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
ELGUIZERY, MIRA  
3111 N. OCEAN DR.  
HOLLYWOOD, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Joe Marshall Director** ☐ Change ☒ Addition  
**3111 N Ocean Drive unit 507  
Hollywood FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SHELDON, DAGEN  
3111 NORTH OCEAN DRIVE #604  
HOLLYWOOD, FL 33319** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GORT, ALEX  
3111 N OCEAN DR  
HOLLYWOOD, FL 33019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SANDELIER, TONY  
3111 N. OCEAN DRIVE  
HOLLYWOOD, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MORROW, PAUL  
3111 NORTH OCEAN DRIVE #602  
HOLLYWOOD, FL 33319** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

**SHELDON D. DAGEN, PRES**

**3/01/06**

**904.923.3701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #