


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90030 001 ****61.25

DOCUMENT # 748730 1. Entity Name HOLLYWOOD TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3111 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019			Mailing Address 3111 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2067629	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOSSETT, RON 4700 SHERIDAN ST. HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Chapnick Community Association Law, P.A. 100 East Linton Boulevard Suite 402-B Delray Beach, FL 33483		
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 <u><i>Michael E. Chapnick</i></u> <u>3/31/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P STERN, JAMES L 3111 N OCEAN DR HOLLYWOOD, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bob Glickman 3111 N. Ocean Dr. # 705 Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. ELGUIZERY, MIRA 3111 N. OCEAN DR. HOLLYWOOD, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gerald Lackey 3111 N. Ocean Dr. # 1407 Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer MARSHALL, JOE 3111 N OCEAN DR #507 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMANOGLU, CHRISTINE 3111 N OCEAN DR #406 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEMENTS, CHRIS 3111 N OCEAN DR #405 HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORROW, PAUL 3111 NORTH OCEAN DRIVE #602 HOLLYWOOD, FL 33319	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 full or other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <u>3/28/08</u> <u>954-923-3101</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					