FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:13

DOCUMENT # 757985 (7)

1. Corporation Name
HOLLYWOOD BEACH TOWER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
301 HARRISON STREET HOLLYWOOD FL 33019-1721	301 HARRISON STREET HOLLYWOOD FL 33019-1721

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1981
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2314286 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW R.
DEVELOPMENT CONSULTANTS, INC.
2901 SIMMS ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	OTTINO, J.P., III	1.2 NAME	
STREET ADDRESS	2733 NE 18 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33306	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUNELL, DAVID	2.2 NAME	
STREET ADDRESS	5970 NE 21ST CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, MAE	3.2 NAME	
STREET ADDRESS	3234 N.W. 88TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33321	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	D XX Change ☐ Addition
NAME	KARLIN, NATHANIEL H.	4.2 NAME	SAURO, JOSEPH P.
STREET ADDRESS	9001 NW 10TH COURT	4.3 STREET ADDRESS	11620 NW 23RD STREET
CITY-ST-ZIP	PLANTATION FL 33322	4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	CPD	5.1 TITLE	☐ Change ☐ Addition
NAME	CAREY, CECELIA T.	5.2 NAME	
STREET ADDRESS	7981 NW 13TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cecelia T. Carey Cecelia T. Carey/CPD 1/16/95 (305)920-5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004400