


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90025 006 ****61.25

DOCUMENT # 757985	
1. Entity Name HOLLYWOOD BEACH TOWER ASSOCIATION, INC.	

Principal Place of Business 301 HARRISON STREET HOLLYWOOD FL 33019-1721	Mailing Address 301 HARRISON STREET HOLLYWOOD FL 33019-1721
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-2314286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW R. DEVELOPMENT CONSULTANTS, INC. 2035 HARDING STREET STE 200 HOLLYWOOD FL 33020
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> Delete
NAME	OTTINO, J.P., III
STREET ADDRESS	3015 N OCEAN BLVD STE 115
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	VD <input type="checkbox"/> Delete
NAME	SAURO, JOSEPH
STREET ADDRESS	697 NW 129TH WAY
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	LEVINE, MAE
STREET ADDRESS	13383 PINEAPPLE PALM A
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	D <input type="checkbox"/> Delete
NAME	AMZAND, EDWARD
STREET ADDRESS	12471 SE 16TH LANE
CITY-ST-ZIP	MORRISTON FL 32668
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	LEVINE, MAE
STREET ADDRESS	13383 PINEAPPLE PALM A
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	D <input type="checkbox"/> Delete
NAME	AVERY, RALPH
STREET ADDRESS	7601 N FEDERAL HWY STE 125
CITY-ST-ZIP	BOCA RATON FL 33487

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAURO, JOSEPH
STREET ADDRESS	697 NW 129th Way
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONE, CHARLES
STREET ADDRESS	301 HARRISON ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMZAND, EDWARD
STREET ADDRESS	240 N 65TH WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERY, RALPH
STREET ADDRESS	7601 N FEDERAL HWY STE 125
CITY-ST-ZIP	BOCA RATON FL 33487

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:  **954-920-5133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #