7/19/2005-90037-017-$61.25-$61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 15 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66027353

DOCUMENT # 757985

1. Entity 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

06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2314286
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	OTTINO, J.P., III
STREET ADDRESS	3015 N OCEAN BLVD STE 115
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	TD
NAME	SAURO, JOSEPH
STREET ADDRESS	697 NW 129TH WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	MALONE, CHARLES
STREET ADDRESS	301 HARRISON ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	PD
NAME	AMZAND, EDWARD
STREET ADDRESS	240 N 65TH WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	VD
NAME	AVERY, RALPH
STREET ADDRESS	7601 N FEDERAL HWY STE 125
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ EDWARD AMZAND 9/9/05 954-920-5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #