

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757985

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** HOLLYWOOD BEACH TOWER ASSOCIATION, INC.

**Current Principal Place of Business:**

301 HARRISON STREET  
HOLLYWOOD, FL 330191721

**New Principal Place of Business:**

**Current Mailing Address:**

301 HARRISON STREET  
HOLLYWOOD, FL 330191721

**New Mailing Address:**

**FEI Number:** 59-2314286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOCHERTY, PATRICIA  
S P M RESORTS  
301 HARRISON ST  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: OTTINO, J.P., III,  
Address: 3015 N OCEAN BLVD STE 115  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD ( ) Delete  
Name: GRAY, LEO R  
Address: 4658 SW 45TH TERR  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: PD ( ) Delete  
Name: AMZAND, EDWARD  
Address: 301 HARRISON STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD ( ) Delete  
Name: AVERY, RALPH  
Address: 7601 N FEDERAL HWY STE 125  
City-St-Zip: BOCA RATON, FL 33487

Title: SD ( ) Delete  
Name: MAHNKEN, THELMA  
Address: 6447 FRANKLIN ST  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMZAND EDWARD

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date