FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

ck for

DOCUMENT # 762562 (7)

1. Corporation Name

HOLLYWOOD ESTATES INDEPENDENT TENANTS ASSOCAITIO N, INC.

Principal Place of Business	Mailing Address
3300 NO ST RD 7 BOX J757 HOLLYWOOD FL 33021	3300 NO ST RD 7 BOX J757 HOLLYWOOD FL 33021

300001780713
-04/15/96--01030--014

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 (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 03/23/1982
3a. Date of Last Report: 03/21/1995
4. FEI Number: 65-0089660 ☑ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BORLAND, HAROLD
3300 NO. STATE RD. 7, 7E400
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: SAUMURE; ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 3300 N.ST.RD.7- E 416
83
84 City: Hollywood, FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Robert Saumure DATE: march 17- 96
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	PD	☒ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	BORLAND, HAROLD		1.2 NAME	Saumure, Robert	
STREET ADDRESS	3300 N. STATE RD 7 E400		1.3 STREET ADDRESS	3300 N.ST.RD.7-E416, Hollywood,	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	FL. 33021	
TITLE	VD	☒ DELETE	2.1 TITLE	Vice-President	☐ Change ☑ Addition
NAME	RAVITZ, HERBERT		2.2 NAME	Gennari, Louis	
STREET ADDRESS	3300 N.STATE RD.7,A24		2.3 STREET ADDRESS	3300 N.ST.RD.7- A70, Hollywood	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	FL. 33021	
TITLE	SD	☒ DELETE	3.1 TITLE	Recording &Correspondance Secretary	☐ Change ☑ Addition
NAME	CALLAHAN, MAUREEN		3.2 NAME	Corsaro, Candace	
STREET ADDRESS	3300 N STATE RD 7 E454		3.3 STREET ADDRESS	3300 N.ST.RD.7- E 465	
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP	~~Hollywood, Fl 33021~~	
TITLE	TD	☒ DELETE	4.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	HALPERN, MILDRED		4.2 NAME	Robitaille, Pierrette	
STREET ADDRESS	3300 N. STATE RD 7 A57		4.3 STREET ADDRESS	3300 N.ST,RD.7- B 110, Hollywood,	
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP	33021	
TITLE D	SAUNDERS, DONNA	☐ DELETE ADD	5.1 TITLE		☐ Change ☒ Addition
NAME	304 LIVE OAK - BLD339		5.2 NAME	D	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	Hollywood Estad Hut. 33021		5.4 CITY-ST-ZIP		
TITLE D	LL STEVENS	☐ DELETE ADD	6.1 TITLE		☐ Change ☒ Addition
NAME	3300 N ST RD 7- G628		6.2 NAME	CONRAD HAUBER	
STREET ADDRESS			6.3 STREET ADDRESS	3300 N ST RD 7 E459	
CITY-ST-ZIP	HWD FL 33021		6.4 CITY-ST-ZIP	HWD 33021	

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4-15-96

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)(k), 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: Candace Corsaro Mar 11, 96 954-9660437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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