2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# 762562

Entity Name: HOLLYWOOD ESTATES INDEPENDENT TENANTS ASSOCAITION, INC.

Current Principal Place of Business:

3300 N. STATE ROAD 7
BOX J757
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

3300 N. STATE ROAD 7
BOX J757
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0089660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, MARY A
3300 N. STATE ROAD 7
BOX J757
HOLLYWOOD, FL 33021 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:	TD	( ) Delete
Name:	GALLAGHER, NANCY	
Address:	3300 N. STATE ROAD 7 - BOX F492	
City-St-Zip:	HOLLYWOOD, FL 33021 US	
Title:	PD	( ) Delete
Name:	MOORE, MARY A	
Address:	3300 N STATE ROAD 7 - BOX J752	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	VPD	( ) Delete
Name:	MARINO, ROBERT	
Address:	3300 N STATE ROAD 7 - BOX B193	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	SD	( ) Delete
Name:	GIANNETTINO, BARBARA	
Address:	3300 N STATE ROAD 7 - BOX B187	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	BOUCNARD, RAYNALD	
Address:	3300 N STATE ROAD 7 - BOX A10	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	FSD	( ) Delete
Name:	BYRNE, MARY J	
Address:	3300 N STATE ROAD 7 - BOX F494	
City-St-Zip:	HOLLYWOOD, FL 33021	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY A MOORE PRES 01/05/2007
Electronic Signature of Signing Officer or Director — Date