

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90095 049 \*\*\*\*61.25

**DOCUMENT # 762562**

1. Entity Name  
**HOLLYWOOD ESTATES INDEPENDENT TENANTS ASSOCIATION, INC.**



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

Mailing Address  
**3300 NO ST RD 7  
BOX J757  
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0089660**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREW J D'ANGELO  
3300 N STATE RD 7, BOX 727  
HOLLYWOOD FL 33021**

Delete

Name

**Mary (Mari) Moore**

Street Address (P.O. Box Number is Not Acceptable)

**3300 N. State Rd 7, Box 752**

City

**Hollywood,**

**FL**

Zip Code

**33021**

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 **MARY A. MOORE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/06/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIANNETTINO, BARBARA 3300 N STATE RD 7 BOX 187 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ANGELO, ANDREW J 3300 N STATE ROAD #7 BOX 727 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD FACCA, CARMEL 3300 N STATE RD 7 BOX 10 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERRETTE, ROBITAILLE 3300 N STATE ROAD #7 BOX 110 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCNARD, RAYNALD 3300 N STATE ROAD #7 BOX 10 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, ROBERT 3300 N STATE RD 7 BOX 193 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gallagher, Nancy 3300 N. State Rd 7, Box 492 Hollywood, FL. 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moore, Mary (Mari) 3300 N. State Rd 7, Box 752 Hollywood, FL. 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD Beaver, Beatrice 3300 N. State Rd 7, Box 228 Hollywood, FL. 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Saumure, Robert 3300 N. State Rd. 7, Box 416 Hollywood, FL. 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sugden, Helen 3300 N. State Rd. 7, Box 511 Hollywood, FL. 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Marino, Robert 3300 N. State Rd. 7, Box 193 Hollywood FL. 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**MARY A. MOORE** **03/06/03**

CR2E037 (10/02)

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*Attachment*

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BOX J757  
HOLLYWOOD FL 33021**

Mailing Address

**3300 NO ST RD 7  
BOX J757  
HOLLYWOOD FL 33021**

*20027801*

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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SIGNATURE

*Mary A. Moore*

**MARY A. MOORE**

*03/06/03*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

D/E

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ **D**  
**Papineau, Jean**  
**3300 N. State Rd.7, Box 516**  
**Hollywood, FL. 33021**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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SIGNATURE

*Mary A. Moore*

CR2E037 (10/02)