
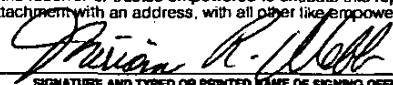


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90286 013 \*\*\*\*61.25

<b>DOCUMENT # 770581</b> 1. Entity Name <b>HOLLYWOOD SANDS RESORT OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business INC. 2404 N. SURF RD. HOLLYWOOD, FL 33019			Mailing Address INC. 2404 N. SURF RD. HOLLYWOOD, FL 33019		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2390202</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GABRIEL, ALAN L</b> <b>2455 E SUNRISE BLVD</b> <b>FT LAUDERDALE, FL 33304</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VILLAHANA, WILLIAM</b> <b>2404 N SURF ROAD</b> <b>HOLLYWOOD, FL 33019</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CONNOLLY, MICHAEL</b> <b>1504 S SURF ROAD</b> <b>HOLLYWOOD, FL 33019</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEBB, MIRIAM</b> <b>21547 ST ANDREWS GRAND CIRCLE</b> <b>BOCA RATON, FL 33486</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GARCZYNSKI, MICHAEL</b> <b>737 SKYVIEW DR.</b> <b>CRANBERRY, PA</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BISSONNETTE, JOHN</b> <b>1703 TIMBERLANE DR</b> <b>FLINT, MI</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL CONNOLLY</b> <b>1504 S SURF RD.</b> <b>HOLLYWOOD, FL</b>	<input checked="" type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Opatel, Jerome</b> <b>965 NW 132 St</b> <b>N. Miami FL 33168</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hutson, David</b> <b>221 E. Independence</b> <b>Cape Girardeau Mo 63703</b>				
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>3/4/05</b> Daytime Phone # <b>561-451-4689</b>					

30063430



02062005 Chg-NP CR2E037 (10/03)