
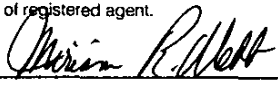
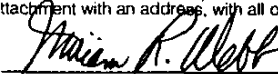


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90023 011 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # 770581</b><br>1. Entity Name<br><b>HOLLYWOOD SANDS RESORT OWNERS ASSOCIATION, INC.</b>   |  |  |   |    |  |
| Principal Place of Business<br><b>INC.<br/>2404 N. SURF RD.<br/>HOLLYWOOD, FL 33019</b>  |  |  | Mailing Address<br><b>INC.<br/>2404 N. SURF RD.<br/>HOLLYWOOD, FL 33019</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                   |   |  |
| City & State   |  |  | City & State  |   |  |
| Zip  |  | Country                                    |   | Zip   |  |
| Country  |  | Country                                    |   | 4. FEI Number<br><b>59-2390202</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>GABRIEL, ALAN L<br/>2455 E SUNRISE BLVD<br/>FT LAUDERDALE, FL 33304</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Miriam R. Webb</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>21471 Woodchuck Lane</b><br>City <b>BOCA RATON</b> FL Zip Code <b>33428</b> |  |
| 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   |  |  |   | DATE <b>1/7/06</b>  |  |
| Filing Fee is \$61.25 Due by May 1, 2006   |  |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>VILLAHANA, WILLIAM<br>2404 N SURF ROAD<br>HOLLYWOOD, FL 33019         | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | Secretary<br>C. David Hutson<br>221 R. Independence<br>Cape Girardeau, MO 63703   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>CONNOLLY, MICHAEL<br>1504 S SURF ROAD<br>HOLLYWOOD, FL 33019          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | President<br>Michael P. Connolly<br>1504 S. Surf Road<br>Hollywood FL 33019   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WEBB, MIRIAM<br>21547 ST ANDREWS GRAND CIRCLE<br>BOCA RATON, FL 33486 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>GARCZYNSKI, MICHAEL<br>737 SKYVIEW DR.<br>CRANBERRY, PA              | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BISSONNETTE, JOHN<br>1703 TIMBERLANE DR<br>FLINT, MI                  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | Director<br>JoAnne Kos<br>5747 North Sheridan Unit R<br>Chicago IL 60660  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>OPSTEL, JAROME<br>965 NW 132 ST<br>NORTH MIAMI, FL 33168              | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | Treasurer<br>Gerard Opstal<br>5006 Arthur St.<br>Hollywood FL 33021   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:    |  |  |   | Miriam R. Webb 1/7/06 561-451-4689  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |   | Date Daytime Phone #  |  |