2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770581

FILED Apr 27, 2009 Secretary of State

Entity Name: HOLLYWOOD SANDS RESORT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:				
NC. 2404 N. SURF RD. HOLLYWOOD, FL 33019					2404 N SURF RD HOLLYWOOD, FL 33019				
Current Mailing Address:					New Mailing Address:				
NC. 2404 N. SURF RD. HOLLYWOOD, FL 33019					PO BOX 540669 MERRITT ISLAND, FL 32954				
FEI Number: 59-2390202 FEI Number Applied For () FEI Num					mber Not Applicable () Certificate of Status Desired ()				
Name and	Address of	Current Regi	stered Agent:		Name and	Address of	New Regi	stered Ager	nt:
PRICE, ROBERT 271 CROCKETT BLVD. MERRITT ISLAND, FL 32953 US									
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.									
SIGNATURE:									
Electronic Signature of Registered Agent					Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Fitle: Name: Address: City-St-Zip:	D (HUTSON, C. D 2404 NORTH : HOLLYWOOD	SURF ROAD			Title: Name: Address: City-St-Zip:	() Change() Addition	
Fitle: Name: Address: Dity-St-Zip:	SD (CONNOLLY, N 2404 NORTH : HOLLYWOOD	SURFROAD			Title: Name: Address: City-St-Zip:	() Change() Addition	
Fitle: Name: Address: City-St-Zip:	PD (MARTINEZ, M 2404 NORTH : HOLLYWOOD	SURF ROAD			Title: Name: Address: City-St-Zip:	() Change() Addition	
Fitle: Name: Address: City-St-Zip:	TD (GARCZYNSKI 2404 NORTH : HOLLYWOOD	SURF ROAD			Title: Name: Address: City-St-Zip:	() Change() Addition	
Fitle: Name: Address: City-St-Zip:	VD (KOS, JOANNE 2404 NORTH : HOLLYWOOD	SURF ROAD			Title: Name: Address: City-St-Zip:	VPD (KOS, JOANNI 2404 NORTH HOLLYWOOD	SURF ROAD		
Fitle: Name: Address: City-St-Zip:	D (KARVOUNIDE 2404 NORTH : HOLLYWOOD	SURF ROAD			Title: Name: Address: City-St-Zip:	() Change() Addition	
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I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL CONNOLLY SD 04/27/2009