

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N02000002457

1. Entity Name
COURTYARD VILLAS OF HARRISON STREET
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1617 HARRISON ST
HOLLYWOOD, FL 33020

Mailing Address

1617 HARRISON ST
HOLLYWOOD, FL 33020



01072006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HULSE, EOSEL B JR
1617 HARRISON ST
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SPEIRS, EDWARD W
STREET ADDRESS 1619 HARRISON ST
CITY - ST - ZIP HOLLYWOOD, FL 33020

TITLE T
NAME DAILY, NADER
STREET ADDRESS 1615 HARRISON ST
CITY - ST - ZIP HOLLYWOOD, FL 33020

TITLE S
NAME HULSE, EOSEL B
STREET ADDRESS 1617 HARRISON ST
CITY - ST - ZIP HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

U000000549649
05/13/06-80015-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Nader Daily

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06 954-929-6406