

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000007225

1. Entity Name

HOLLYWOOD NORTH BEACH ASSOCIATION, INC.



FILED
Apr 16, 2007 08:00 AM
Secretary of State

Principal Place of Business

4514 N. OCEAN DRIVE
HOLLYWOOD FL 33019

Mailing Address

4514 N. OCEAN DRIVE
HOLLYWOOD FL 33019

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

GRANPA, CAROL
5505 N SURF ROAD
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE NAME PD PASSALACQUA, JOHN ☐ Delete
STREET ADDRESS 4514 N. OCEAN DR.
CITY-STATE-ZIP HOLLYWOOD FL 33019

TITLE NAME TD GRAMPA, CAROL ☐ Delete
STREET ADDRESS 5505 NORTH SURF ROAD
CITY-STATE-ZIP HOLLYWOOD FL 33019

TITLE NAME SD MOORE, CHRISTOPHER J ☐ Delete
STREET ADDRESS 343 PALM, UNIT 7
CITY-STATE-ZIP HOLLYWOOD FL 33019

TITLE NAME VD SCHREIER, WAYNE ☐ Delete
STREET ADDRESS 3200 S UNIVERSITY DRIVE
CITY-STATE-ZIP FORT LAUDERDALE FL 33328

TITLE NAME D SCHECTER, LAURIE ☐ Delete
STREET ADDRESS 4500 N SURF ROAD
CITY-STATE-ZIP HOLLYWOOD FL 33019

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000000712344
CITY-STATE-ZIP 04/26/07-80043-016 61.25

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carol Granpa Carol Granpa
4-11-07 9549206751