

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007225

FILED
Mar 30, 2009
Secretary of State

Entity Name: HOLLYWOOD NORTH BEACH ASSOCIATION, INC.

Current Principal Place of Business:

4514 N. OCEAN DRIVE
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

4514 N. OCEAN DRIVE
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANPA, CAROL
5505 N SURF ROAD
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

REILLY, MARY ELLEN
351 WALNUT STREET
HOLLYWOOD, FL 33019 US

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.

SIGNATURE: MARY ELLEN REILLY

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PASSALACQUA, JOHN
Address: 4514 N. OCEAN DR.
City-St-Zip: HOLLYWOOD, FL 33019

Title: TD () Delete
Name: GRAMPA, CAROL
Address: 5505 NORTH SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD () Delete
Name: MOORE, CHRISTOPHER J
Address: 343 PALM , UNIT 7
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD () Delete
Name: SCHREIER, WAYNE
Address: 3200 S UNIVERSITY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: D () Delete
Name: SCHECTER, LAURIE
Address: 4500 N SURF ROAD
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: REILLY, MARY ELLEN
Address: 351 WALNUT STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN PASSALACQUA

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date