


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90007 011 ****61.25

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| DOCUMENT # N03000009659 |  |
| 1. Entity Name THE HOLLYWOOD COUNCIL OF CIVIC/HOMEOWNER ASSOCIATIONS INC. | |

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| Principal Place of Business 2004 N 31 AVENUE HOLLYWOOD, FL 33021 US | Mailing Address P.O. BOX 220426 HOLLYWOOD, FL 33022 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
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01142006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 20-1486030 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WILSON, LINDA 1547 ADAMS ST HOLLYWOOD, FL 33020 | 7. Name and Address of New Registered Agent Name Wayne A. Schreier Ph.D. Street Address (P.O. Box Number is Not Acceptable) 348 Palm Street City Hollywood FL Zip Code 33019 |
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| 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 Wayne A. Schreier <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE 2/20/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR VOLLMAN, CHARLES F PRES. 2004 N 31 AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR POLLAK, MEL VICEPRE 5113 ARTHUR STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MRS GREENE-EASON, CYNTHIA SECY 1201 S OCEAN DRIVE HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MS SMITH, PATRICIA TREAS 6382 MOSELEY STREET HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: CHARLES F. VOLLMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 2/21/06 <small>Date</small> | DAYTIME PHONE 954.982.5113 <small>Daytime Phone #</small> |
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