2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State
05-10-2006 90103 021 ****61.25

DOCUMENT # N04000010217

1. Entity Name
4 SEASONS OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
5131 NORTH 37TH STREET HOLLYWOOD, FL 33021 US	5131 NORTH 37TH STREET HOLLYWOOD, FL 33021 US

66019724

05022006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-2908089
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHUCHLA, LENORA
5131 NORTH 37TH STREET
HOLLYWOOD, FL 33021

PD 4-29-06 $61.25

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHUCHLA, LENORA
STREET ADDRESS	5131 NORTH 37TH STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	T
NAME	SAMUELS, BRENDA
STREET ADDRESS	2512 SW 180TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	S
NAME	LAWSON, BARBARA
STREET ADDRESS	617 NW 10TH STREET
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	PARL
NAME	SANDER, WADE
STREET ADDRESS	1600 SOUTH PARK ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lenora Chuchla Pres. 4-29-06 954 966-2427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #