


Jan. 27, 2006 9:31AM THE LAKES AT JACARANDA
**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 032 ****61.25

DOCUMENT # N05000001938

1. Entity Name
**THE RESIDENCES ON HOLLYWOOD BEACH
 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**2828 CORAL WAY PH SUITE
 MIAMI, FL 33145**

Mailing Address
**2828 CORAL WAY PH SUITE
 MIAMI, FL 33145**

2. Principal Place of Business
3001 S. OCEAN DRIVE

3. Mailing Address
3001 S. OCEAN DRIVE

City & State
Hollywood, FL.

City & State
Hollywood, FL.

4. FEI Number
202425843

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

PAY DATE 2/8/06
40029343



01272008 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
~~DE LOS SANTOS, OLGA
 2828 CORAL WAY PH SUITE
 MIAMI, FL 33145~~

7. Name and Address of New Registered Agent
 Name **OSCAR BODE**
 Street Address (P.O. Box Number is Not Acceptable)
3001 S. OCEAN DRIVE
 City **Hollywood, FL** Zip Code **33019**

6. 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 except 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 reappointing)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRONSON, JOYCE 1688 MERIDIAN MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OSCAR BODE 3001 S. OCEAN DRIVE HOLLYWOOD, FL. 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HERNANDEZ, ANGEL 2828 CORAL WAY PH SUITE MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARMANDO VILLARROEL 3001 S. OCEAN DRIVE HOLLYWOOD, FL. 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, PAUL 1688 MERIDIAN MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY-TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JANNETH MARI 3001 S. OCEAN DRIVE HOLLYWOOD, FL. 33019
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
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.

SIGNATURE: Armando Villarroel - **Armando Villarroel** 2/1/06 954-925-9416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #