


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90197 020 ****70.00

DOCUMENT # N05000001938

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



Principal Place of Business
**3001 S OCEAN DR
 HOLLYWOOD, FL 33019**

Mailing Address
**3001 S OCEAN DR
 HOLLYWOOD, FL 33019**


60036364

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04182008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2425843

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
 3111 STIRLING RD
 FT LAUDERDALE, FL 33312**

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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | DE LEON, FRANK JR. | |
| STREET ADDRESS | 3000 S. OCEAN DR., 1612 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | KURTZ, RON | |
| STREET ADDRESS | 3001 S OCEAN DR | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ESCANDELL, SERGIO | |
| STREET ADDRESS | 3001 S OCEAN DR | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GIANNICO, O. ANTHONY | |
| STREET ADDRESS | 3000 S. OCEAN DR. | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KURTZ, RON | |
| STREET ADDRESS | 3001 S. OCEAN DR. #109 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESCANDELL, SERGIO | |
| STREET ADDRESS | 3001 S. OCEAN DR. #829 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIANNICO, O. ANTHONY | |
| STREET ADDRESS | 3000 S. OCEAN DR. #720 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOWE JEFFREY P. | |
| STREET ADDRESS | 3000 S. OCEAN DR. #716 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 another like empowered.

SIGNATURE: X  **SERGIO ESCANDELL**

Date: **4-28-08** Daytime Phone #: **(954) 925-9416**