

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007862

FILED  
May 25, 2009  
Secretary of State

**Entity Name:** HOLLYWOOD ACADEMY OF ARTS & SCIENCE PTO, INC.

**Current Principal Place of Business:**

1720 HARRISON ST SUITE 1A  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1720 HARRISON ST SUITE 1A  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FARMER, DANIEL  
JACKSON BLOCK TAX CENTER  
968 W HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PALLVACHINI, FRANK  
Address: 1720 HARRISON ST SUITE 1A  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP ( ) Delete  
Name: DIONIZINO, LISBET  
Address: 1720 HARRISON ST SUITE 1A  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: S ( ) Delete  
Name: KAREN, WALLARD  
Address: 1720 HARRISON ST SUITE 1A  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: T ( ) Delete  
Name: REISKIND, ABBY  
Address: 1720 HARRISON ST SUITE 1A  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NICOLETTE, LUZ  
Address: 1720 HARRISON ST SUITE 1A  
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP (X) Change ( ) Addition  
Name: WOMACK, JANEE  
Address: 1720 HARRISON ST SUITE 1A  
City-St-Zip: HOLLYWOOD, FL 33020 US

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: ABBY REISKIND

T

05/25/2009

Electronic Signature of Signing Officer or Director

Date