2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009267

FILED Apr 22, 2009 Secretary of State

Entity Name: HOLLYWOOD PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2314 JOHNSON STREET 3495 NORTH HIATUS ROAD

APT 15 SUITE 202

HOLLYWOOD, FL 33020 US SUNRISE, FL 33351 US

Current Mailing Address: New Mailing Address:

2314 JOHNSON STREET 3495 NORTH HIATUS ROAD APT 15 SUITE 202

HOLLYWOOD, FL 33020 US SUNRISE, FL 33351

FEI Number: 20-3452049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DAVID, KELLEY
2314 JOHNSON STREET
APT 15
HOLLYWOOD, FL 33020 US
A & M PARTNERS, INC.
3495 NORTHHIATUS ROAD
202
SUNRISE, FL 33351 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: A & M PARTNERS, INC, 04/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

HOLLYWOOD, FL 33020 US

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SUNRISE, FL 33351 US

US

itle: PD () Delete Title: PD (X) Change() Addition

Name: KELLEY, DAVID Name: KELLEY, DAVID
Address: 2314 JOHNSON STREET, APT 15 Address: 3495 NORTH HIATUS ROAD

Address: 2314 JOHNSON STREET, APT 15 Address: 3495 NORTH HIATOS ROAL City-St-Zip: HOLLYWOOD, FL 33020 US City-St-Zip: SUNRISE, FL 33351 US

Title: VTD () Delete Title: S (X) Change () Addition Name: CARPIO, BRIGETTE Name: TEDONE, TOM

Address: 2314 JOHNSON STREET Address: 3495 NORTH HIATUS ROAD

Title: SD () Delete Title: T (X) Change () Addition

City-St-Zip:

Name: GOSSY, DIANA Name: NUZZI, DAMON

 Address:
 2314 JOHNSON STREET
 Address:
 3495 NORTH HIATUS ROAD

 City-St-Zip:
 HOLLYWOOD, FL 33020 US
 City-St-Zip:
 SUNRISE, FL 33351 US

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: DAVID KELLEY P 04/22/2009