## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007931

FILED Feb 19, 2009 Secretary of State

Entity Na	ime: HOLLYW	/OOD LANDLORD ASSOCIAT	IION, INC.	
Current Principal Place of Business:		New Principal Place of Business:		
	TH 46 AVENUE OOD, FL 3302			
Current Mailing Address:			New Mailing Addres	s:
	TH 46 AVENUE OOD, FL 3302			
FEI Numbe	r: 26-0738617	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:	
	B, BRUCE M TH 46 AVENUE	=		
	OOD, FL 3302			
HOLLYW	OOD, FL 3302	1 US	purpose of changing its registere	ed office or registered agent, or both,
HOLLYW	OOD, FL 3302 e named entity te of Florida.	submits this statement for the		
HOLLYWO The above in the Stat SIGNATU	e named entity te of Florida. IRE: Electro	submits this statement for the nic Signature of Registered Ag	ent	Date
HOLLYWO The above in the Stat SIGNATU	OOD, FL 3302 e named entity te of Florida.	submits this statement for the nic Signature of Registered Ag	ent	Date
HOLLYWO The above in the Stat SIGNATU	e named entity te of Florida.  IRE:  Electroi  S AND DIREC  P ( BERUBE, NOR 2542 WHALE I	submits this statement for the nic Signature of Registered Agerones:  ) Delete	ent	Date
The above in the Status SIGNATU  OFFICER Title: Name: Address:	e named entity te of Florida.  IRE: Electron  S AND DIRECT  BERUBE, NOR 2542 WHALE IN FORT LAUDER  VP ( DACKO, PETE 2542 WHALE IN	submits this statement for the nic Signature of Registered Agerones:  Delete ARBOR LANE RDALE, FL 33312	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: DAWN HANNA T 02/19/2009