FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

WEST HOLLYWOOD LEGION HOME CORPORATION

FILED Feb 19 1998 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address			F SOUNDER OUR ORAID MAINS DISABLE NIGHT DIRECT DIRE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		725 N 64 AVENUE			3. Date Incorporated or Qualified
HOLLYWOOD FL 33024-7700 HOLLYWOOD FL 33024					06/06/1985
US					4. FEI Number Applied For
2 Oringinal P	Inne of Business	2a. Mailing Address		.	59-6200349 Not Applicable
2. Principal Place of Business 21		26			Certificate of Status Desired Section Section
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	28	Cour	ntrv	8. This corporation owes or has paid the current year Intangible
24	25	29	30	,	Personal Property Tax due June 30. Yes No
=-1	9. Name and Address of Curre		1331		10. Name and Address of New Registered Agent
				81 Name	
HULING, GEORGE J.		}	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	LSON STREET				,
HOLLYWOOD FL 33024				B3	
			<u> </u>	B4 City	85 Zip Code
44 -	(B) (1) (47.05)	00 042 4500 Fl 04-0	, l		FL Variable submits this statement for the purpose of changing the registered
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State	ว2 and 617.1508, Florida ธาสาเ e of Florida. Such change was	authorized	ove-named co by the corpor	progration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblic	utions of, Section 617.0503, F	lorida Statu	ites.	2-10-98
SIGNATURE .	Signature, typed or printed name of soistered ag	ent and title if applicable. (NO	TF: Registered	Agent signature rep	aured when reinstating) DATE
12.		ID DIRECTORS	13.	/ go it organists rad	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TIT	LE	Change Addition
NAME	BOCHENCK, LEO J		1.2 NA	ME	
STREET ADDRESS	5792 SW 35 AVENUE		1.3 ST	REET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CIT	Y-\$T-ZIP	
TITLE	DV	☐ DELETE	2.1 TIT	LE	☐ Change ☐ Addition
NAME	GLADWIN, PATRICK		2.2 NA	ME	
STREET ADDRESS	8421 NW 7TH COURT			REET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	DELETE		Y-ST-ZIP	☐ Change ☐ Addition
TITLE	SD SOLEY DALIL		3.1 TIT		Citalige
NAME	ECKLEY, PAUL 6661 DOUGLAS STREET		3.2 NA	REET ADORESS	
STREET ADDRESS	HOLLYWOOD FL			Y-ST-ZIP	
CITY-ST-ZIP TITLE	DT	DELETE	4.1 TIT		☐ Change ☐ Addition
NAME	HULING GEORGE J		4. 2 N/		
STREET ADDRESS	7080 WILSON STREET			REET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL			Y-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TIT		☐ Change ☐ Addition
NAME	KRUG, LUCILLE		5.2 NA	ME	os las
STREET ADDRESS	2210 TAYLOR STREET #106		5.3 ST	REET ADDRESS	3/119/40
CITY-ST-ZIP	HOLLYWOOD FL	<u></u>	5.4 CIT	Y-ST-ZIP	
TITLE .		☐ DELETE	6.1 TIT	LE	400002434954 -02/19/9801027011
NAME			6.2 NA	MÉ	-02/19/9801027011
STREET ADDRESS			6.3 ST	REET ADDRESS	***61.25
CITY-ST-2IP	·		6.4 CIT	Y-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.