1995-6-4788 MC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15708 (3)

1. Corporation Name

THE HOLLYWOOD BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 N OCEAN DR #8 HOLLYWOOD FL 33019 US	P. O. BOX 224027 HOLLYWOOD FL 33022-4027 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1986
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2700531 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 101 N. OCEAN DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #8
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 33019 / Country 30

9. Name and Address of Current Registered Agent

LUBART, LEN
GREENSPOON, MARDER, HIRSCHFELD & RAFKIN
100 W. CYPRESS CREEK RD., SUITE 700
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Len Lubart 4-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SHURE, MICHAEL	1.2 NAME		
STREET ADDRESS	101 NORTH OCEAN DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GOODALL, BRENDA	2.2 NAME		
STREET ADDRESS	101 N OCEAN DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	RASPANTINI, NICK	3.2 NAME	GILBERT, PAT	
STREET ADDRESS	101 N OCEAN DR	3.3 STREET ADDRESS	845 N. RAINBOW DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, PATRICIA	4.2 NAME		
STREET ADDRESS	101 N OCEAN DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BAUMAN, DAVID	5.2 NAME		
STREET ADDRESS	101 N OCEAN DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KESSLER, THOMAS	6.2 NAME		
STREET ADDRESS	101 N OCEAN DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Patricia Z. Higgins PATRICIA Z. HIGGINS 4-21-95 921-7085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018X04