

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90010 031 ****61.25

DOCUMENT #N15708

1. Entity Name
**THE HOLLYWOOD BEACH RESORT CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**101 N OCEAN DR
#8
HOLLYWOOD, FL 33019 US**

Mailing Address
**101 N. OCEAN DRIVE
#8
HOLLYWOOD, FL 33019 US**

50062870



08162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2700531

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONDOMINIUM HOTEL MANAGEMENT CORP.
101 N OCEAN DR
HOLLYWOOD, FL 33019**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8/19/05**

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHECHER, RICHARD
STREET ADDRESS	101 N OCEAN DR #8
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	CAMPBELL, CHARLES <i>Michelle Goetz</i>
STREET ADDRESS	101 N OCEAN DR #8 <i>101 N. OCEAN DR #8</i>
CITY-ST-ZIP	HOLLYWOOD, FL 33019 <i>Hollywood FL 33019</i>
TITLE	<i>SVP</i>
NAME	MATTHEWS, GLENN
STREET ADDRESS	101 N OCEAN DR #8
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	<i>ST</i>
NAME	KING, RICHARD
STREET ADDRESS	101 N OCEAN DR #8
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	ROSENTHAL, HOWARD
STREET ADDRESS	101 N OCEAN DR #8
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	<i>VP</i>
NAME	KESSLER, TOM <i>LISA PATRICIA</i>
STREET ADDRESS	101 N OCEAN DR #8 <i>101 N. OCEAN DR #8</i>
CITY-ST-ZIP	HOLLYWOOD, FL 33019 <i>Hollywood, FL 33019</i>

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IN THIS SPACE**

12. 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 report or supplemental 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 record or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #