

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90788 001 ***122.50

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P SCHECHER, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	101 N OCEAN DR #8	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE NAME	T KORNBLAU, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 N OCEAN DR #8	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE NAME	SECRETARY/TREASURER MATTHEWS, GLENN	<input type="checkbox"/> Delete
STREET ADDRESS	101 N OCEAN DR #8	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE NAME	D HAYS, GAYLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 N OCEAN DR #8	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE NAME	D ROSENTHAL, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	101 N OCEAN DR #8	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE NAME	D LOMBARDO, IRIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 N OCEAN DR #8	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Charles Campbell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Director	
CITY-ST-ZIP	101 North Ocean DR. #8 Hollywood, FL 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	Director Pat Colaiacovo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	101 North Ocean DR, #8	
CITY-ST-ZIP	Hollywood, FL 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	Vice President Tom Kessler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	101 North Ocean DR. #8	
CITY-ST-ZIP	Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	Director Lou Caruso	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	101 North Ocean DR #8	
CITY-ST-ZIP	Hollywood, FL 33019	

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 receiver 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/02)