

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90178 010 \*\*\*\*61.25

**DOCUMENT # N24968**



1. Entity Name  
**HILLCREST COUNTRY CLUB APARTMENTS NO. 2  
CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**HILLCREST BLDG 2  
BOX 100  
HOLLYWOOD, FL 33021**

Mailing Address  
**5100 WASHINGTON ST  
BOX 100  
HOLLYWOOD, FL 33021**

2. Principal Place of Business - No P.O. Box #

**HILLCREST BLDG 2  
Suite, Apt. #, etc.  
BOX 100**

3. Mailing Address

**USA SERVICE  
Suite, Apt. #, etc.  
6915 TAFT ST**

03302007 Chg-NP CR2E037 (12/06)

City & State  
**Hollywood FL 33021**

City & State  
**HOLLYWOOD, FL**

4. FEI Number  
**65-0085462**

Applied For  
Not Applicable

Zip  
**33021**

Country  
**USA**

Zip  
**33024**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**MERVINE, STEPHEN  
5100 WASHINGTON ST  
APT 402  
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **DANIEL SARACINO**  
Street Address (P.O. Box Number is Not Acceptable)  
**5100 WASHINGTON ST. #209**  
City **Hollywood** FL **33021**

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 resigning)

DATE

**3/31/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	P	<input checked="" type="checkbox"/> Delete
NAME	MERVINE, STEPHEN	
STREET ADDRESS	5100 WASHINGTON ST APT 402	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMOUSE, JAY	
STREET ADDRESS	5100 WASHINGTON ST #401	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOBIN, EVELYN	
STREET ADDRESS	5100 WASHINGTON ST #105	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTOYA, GLORIA	
STREET ADDRESS	5100 WASHINGTON ST APT 505	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	URE, HENRY	
STREET ADDRESS	5100 WASHINGTON ST APT 405	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLUMENTHAL, MILDRED	
STREET ADDRESS	5100 WASHINGTON ST APT H	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL SARACINO	
STREET ADDRESS	5100 WASHINGTON ST. APT. 209	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURICIO MATAMOROS	
STREET ADDRESS	5100 WASHINGTON ST. #508	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD ROBARRE	
STREET ADDRESS	5100 WASHINGTON ST. #507	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-31-07**