

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90209 012 \*\*\*\*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  
**USA SERVICE  
6915 TAFT ST  
HOLLYWOOD, FL 33024**

**60035458**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**65-0085462**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARACINO, DANIEL  
5100 WASHINGTON ST  
APT 209  
HOLLYWOOD, FL 33021**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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** ☐ Delete  
NAME **SARACINO, DANIEL**  
STREET ADDRESS **5100 WASHINGTON ST APT 209**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **S** ☒ Delete  
NAME **MATAMOROS, MARTICIO**  
STREET ADDRESS **5100 WASHINGTON ST 508**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D** ☐ Delete  
NAME **TOBIN, EVELYN**  
STREET ADDRESS **5100 WASHINGTON ST #105**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D** ☐ Delete  
NAME **MONTOYA, GLORIA**  
STREET ADDRESS **5100 WASHINGTON ST APT 505**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **T** ☐ Delete  
NAME **ROBARRE, DONALD**  
STREET ADDRESS **5100 WASHINGTON ST 507**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D** ☐ Delete  
NAME **Al Ferrari #111**  
STREET ADDRESS **5100 Washington St**  
CITY-ST-ZIP **Hollywood fl. 33021**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Al Ferrari**  
STREET ADDRESS **5100 Washington St. #111**  
CITY-ST-ZIP **Hollywood fl. 33021**

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 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #