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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:50

DOCUMENT # **N36106** **(5)**

1. Corporation Name

HILLCREST COUNTRY CLUB CONDOMINIUM NO. 10 ASSOCI ATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
981 S. HILLCREST CT. HOLLYWOOD FL 33021 US	981 S. HILLCREST CT. HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified: 01/16/1990
3a. Date of Last Report: 01/21/1994
4. FEI Number: 65-0233016 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TROMMER, ROSALIND 981 S. HILLCREST CT., #106 3325 HOLLYWOOD BLVD, SUITE 500 HOLLYWOOD FL 33021	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	ESTELLE, JOSEPH	1.2 NAME	ANN GARRISON
STREET ADDRESS	981 S. HILLCREST CT. #10	1.3 STREET ADDRESS	981 S. HILLCREST CT
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Hollywood FL 33021
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	TROMMER, ROSALIND	2.2 NAME	
STREET ADDRESS	981 S. HILLCREST CT., #10	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PALAZZO, JOSEPH	3.2 NAME	
STREET ADDRESS	981 S. HILLCREST CT. #10	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	SILVERSTEIN, RUBY	4.2 NAME	
STREET ADDRESS	981 S. HILLCREST CT. #10	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WOODS, OLIVIA	5.2 NAME	
STREET ADDRESS	981 S. HILLCREST CT. #10	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	DELUCA, PAT	6.2 NAME	
STREET ADDRESS	981 S. HILLCREST CT. #10	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)(i), 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: [signature] 1 April 1995 (305) 961-7961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #