

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90030 001 \*\*\*\*61.25

<b>DOCUMENT # N47240</b>					
<b>1. Entity Name</b> HOLLYWOOD HILLS EAST CONDO ASSOC. INC.					
<b>Principal Place of Business</b> 5300 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021			<b>Mailing Address</b> 5300 HOLLYWOOD BLVD APT., #9 HOLLYWOOD, FL 33021 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0649363	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COHEN, MAIDIE 5300 HOLLYWOOD BLVD # 9 HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD <b>NAME</b> SOUTHARD, ROBERT <b>STREET ADDRESS</b> 5300 HOLLYWOOD BLVD. #3 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> COHEN, MAIDE <b>STREET ADDRESS</b> 5300 HOLLYWOOD BLVD., #9 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> SD <b>NAME</b> RENFELD, LINDA <b>STREET ADDRESS</b> 5300 HOLLYWOOD BLVD #4 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> HERBERT, JOBB J <b>STREET ADDRESS</b> 5300 HOLLYWOOD BLVD., #5 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> ZELARYAN, Jami <b>STREET ADDRESS</b> 5300 Hollywood Blvd #14 <b>CITY-ST-ZIP</b> Hollywood FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> VP <b>NAME</b> HOLLINGSWORTH, Doreen <b>STREET ADDRESS</b> 5300 Hollywood Blvd # 8 <b>CITY-ST-ZIP</b> Hollywood FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> SD <b>NAME</b> EVAAS, Esther <b>STREET ADDRESS</b> 5300 Hollywood Blvd # 2 <b>CITY-ST-ZIP</b> Hollywood FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Maidie Cohen</i> <span style="float: right;">2/19/08</span> <span style="float: right;">854-243-4931</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					