

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001397

1. Entity Name
ANTIQUE CLUB OF HOLLYWOOD, INC.



Principal Place of Business
**7200 ROADICE CT., 301
LAUDERHILL, FL 33319 US**

Mailing Address
**7200 ROADICE CT., 301
LAUDERHILL, FL 33319 US**

DO NOT WRITE IN THIS SPACE



02252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0429483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AXELROD, DENA
7200 ROADICE CT., 301
LAUDERHILL, FL 33319**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CARMELI, CELINA
69 N. FEDERAL HWY
DANIA, FL 33004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
AXELROD, DENA
7200 ROADICE CT., 301
LAUDERHILL, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
STOLTZ, SYLVIA
1201 SOUTH OCEAN DR.
HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000258715
03/10/05-80053-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Dena Axelrod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05
Date

954-484-8008
Daytime Phone #