## **FILE NOW: FILING FEE 1S \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

5401 S. KIRKMAN ROAD

ORLANDO FL 32819

**SUITE 725** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500004091 (3)

## HOLLYWOOD PLAZA PROPERTY OWNERS ASSOCIATION, INC

Mailing Address

**SUITE 725** 

5401 S. KIRKMAN ROAD

ORLANDO FL 32819-7912

CALAIROO TE GEGLA								3. Date Incorporated or Qualit 08/23/1995	ied 3a.	od 3a. Date of Last Report 04/18/1996				
2. 21	Principal Place of Business			2s. Maili	2s. Mailing Address				4. FEI Number APPLIED FOR 5	4. FEI Number APPLIED FOR 59-337324			Applied For	
22	Suite, Apt. #	suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desire		\$8		dditional	
23	City & State			City	City & State				Election Campaign Financi     Trust Fund Contribution	ng 🔲				
	Zip		Country 25	Zip	Country 30				This corporation has liability     Florida Statutes		ble tax u	nder s.	199.032,	
24		9 Name	and Address of Curre		Agent	1001			10. Name and Address of Ne					
KHATIB, RASHID A 5401 S. KIRKMAN ROAD								Name Street A	Address (P.O. Box Number Is Not Acc	eptable)				
SUITE 725							83	**						
ORLANDO FL 32819							84	City		F	L 85	Zip (	ode	
	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE													
		Signature, lyped	d or printed name of registered a				Age	nt signature	required when reinstating)	DAT	_	CTOD	C IN 10	
12		88	OFFICERS A	ND DIRECTOR		13.			ADDITIONS/CHANGES TO	JEFFICERS /		hange	Addition	
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C	ITY-ST-ZIP		at the Intervention at	and with this 40'	on door not a	6.4 Cl	UY-S	ST-ZIP	tated in Section 119.07(3)(i), Florida S	tatutos I fu	rther cert	ify that	the	
1	informatio	n indicated flicer or din	l on this annual report o	r supplemental or the receiver	annual report is or trustee empo	s true and a owered to a	Rr.CI	urata and	that my signature shall have the sam eport as required by Chapter 617, Fig.	e lecal enel	CIBSIIII	800 UN	uer oain, mai	