
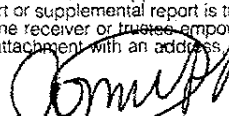


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000004829</b> 1. Entity Name <b>HOLLYWOOD PLACE CONDOMINIUM, INC.</b>					
Principal Place of Business <b>4565 SOUTHWEST 38TH TERRACE FORT LAUDERDALE FL 33316</b>				Mailing Address <b>4565 SOUTHWEST 38TH TERRACE FORT LAUDERDALE FL 33316</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>65-0048587</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FERNANDEZ, FABIAN 4565 SOUTHWEST 38TH TERRACE FORT LAUDERDALE FL 33316</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FERNANDEZ, FABIAN		NAME		
STREET ADDRESS	4565 SOUTHWEST 38TH TERRACE		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE FL 33316		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FERNANDEZ, ROMINA		NAME		
STREET ADDRESS	4565 SOUTHWEST 38TH TERRACE		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE FL 33316		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FERNANDEZ, NOEMI P		NAME		
STREET ADDRESS	4565 SOUTHWEST 38TH TERRACE		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE FL 33316		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>SIGNATURE:</b> 			<b>ROMINA FERNANDEZ</b> 1/30/06 954 894562		



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0048587**

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

**FERNANDEZ, FABIAN  
4565 SOUTHWEST 38TH TERRACE  
FORT LAUDERDALE FL 33316**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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	D <input type="checkbox"/> Delete
NAME	FERNANDEZ, FABIAN
STREET ADDRESS	4565 SOUTHWEST 38TH TERRACE
CITY - ST - ZIP	FORT LAUDERDALE FL 33316
TITLE	D <input type="checkbox"/> Delete
NAME	FERNANDEZ, ROMINA
STREET ADDRESS	4565 SOUTHWEST 38TH TERRACE
CITY - ST - ZIP	FORT LAUDERDALE FL 33316
TITLE	D <input type="checkbox"/> Delete
NAME	FERNANDEZ, NOEMI P
STREET ADDRESS	4565 SOUTHWEST 38TH TERRACE
CITY - ST - ZIP	FORT LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**SIGNATURE:**  **ROMINA FERNANDEZ** 1/30/06 954 894562