2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 23, 2007 08:00 All Secretary of State DOCUMENT # N96000004829 1. Entity Namo HOLLYWOOD PLACE CONDOMINIUM, INC. Principal Place of Business Mailing Address 4565 SOUTHWEST 38TH TERRACE FORT LAUDERDALE FL 33316 4565 SOUTHWEST 38TH TERRACE FORT LAUDERDALE FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 65-0048587 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, FABIAN Street Address (P.O. Box Number is Not Acceptable) 4565 SOUTHWEST 38TH TERRACE FORT LAUDERDALE FL 33316 City 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 *U000000725835* SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. шп ☐ Delete HIBS Addition ☐ Change NAMI. NAME FERNANDEZ, FABIAN STREET ADDRESS STREET ADDRESS 4565 SOUTHWEST 38TH TERRACE CITY-S1-ZIP FORT LAUDERDALE FL 33316 CITY-ST-74P HILL ☐ Delete THILE ☐ Change Đ ☐ Addition NAMI FERNANDEZ, ROMINA SINFI'I ADDRESS STRUCT ADDRESS 4565 SOUTHWEST 38TH TERRACE CHY-SI-ZIP CHY-S1-ZIP FORT LAUDERDALE FL 33316 ☐ Delete TITTE □ Change Addition D NAMI NAML FERNANDEZ, NOEMI P STRUCT ADDRESS STREET ADDRESS 4565 SOUTHWEST 38TH TERRACE CHY-ST-ZIP CHY-S1-7IP FORT LAUDERDALE FL 33316 Addition TITLE. ☐ Delete ☐ Change TITLE NAME NAME STRIET ADDRESS STRIET ADDRESS CiTY-ST-7/P CITY-S1-7IP HHE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-S1-ZIP ☐ Delete 11111 ☐ Change Addition STREET ADDRESS STREET ADORESS

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 eath; 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.

CITY-ST-ZIP

SIGNATURE: (//

CITY-ST-ZIP

ROMINA FERWANNEZ

4/19/07

894-5622