


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90258 005 ****70.00

0024213

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000994					
1. Corporation Name ATLANTA LAKE HOME OWNERS' ASSOCIATION OF HOLLYWOOD, INC.					
Principal Place of Business 2800 N 72 AVE HOLLYWOOD FL 33024			Mailing Address 2800 N 72 AVE HOLLYWOOD FL 33024		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/19/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CORRIHER, STEPHEN 2800 N 72 AVE HOLLYWOOD FL 33024			10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHELL, WENDY		1.2 NAME		
STREET ADDRESS	7240 FORREST ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOOD, MICHAEL		2.2 NAME		
STREET ADDRESS	2821 N 73 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, RACHEL		3.2 NAME		
STREET ADDRESS	7220 FORREST AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORRIHER, HARRY		4.2 NAME		
STREET ADDRESS	2800 N 72 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	DIRECTOR	
STREET ADDRESS			5.3 STREET ADDRESS	THOMAS MARTELL	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	2900 N 72 AVE	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	HOLLYWOOD FL 33024	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry Corriher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 954-963-3583
Date Daytime Phone

CR2E037 (11/98)