2000 UNIFORM BUSIN	<u>(</u> (₩BR)	6/8/04	FILED Jul 07, 2000 8:00 am			
1. Enlity Name 9+lanta Lake Home Ownes' -Association of Hollywood, Inc.			5	Secretary of State 06-08-2000 90004 034 ****70.00		
	Mailing Address					
Hully wood FL 33024 2. Principal Place of Business	3. Mailing Address			) (		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.  City & State		4. FEI Number	DO NOT WRITE IN THIS SE	Applied For	コ
Zip Country		ountry	52 - 3 5. Certificate of		Not Applicable 8.75 Additional se Required	•
6. Name and Address of Current Rec	listered Agent	<u> </u>	7. Name and A	ddress of New Registered Ag	ent	7
Stechen Corriber			Name Street Address (P.O. Box Number is Not Acceptable)			
Coopen City FL 33330				FL	Zip Code	-
8. The above named entity submits this statement for the		ered office or re	egistered agent, or both.		<u> </u>	_
SIGNATURE Signature, typed or printed name of registered egent and t	tile il applicable. (NOTE: Registe	ered Agent signature	required when reinstating)	DATE		<b>-</b>
FILE NOW: 70 00 FEE IS \$61.25	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check P Department	of State	
10. OFFICERS AND DIRECT		ne S	Anceident	IGES TO OFFICERS AND DIR	Change Addition	× 8
NAME STREET ADDRESS CITY-ST-ZIP	. 5	AME TREET ADDRESS ITY-ST-ZIP	HARRY COR 2800 N 72 Holly wood	nd Au FL 33024		R2E037 (9/99)
TITLE NAME STREET ADDRESS	N S	AME	Mice President mila Good afal N 7		☑ Change ☐ Addition	n O
TITLE NAME	□ Delete T	TILE 9	Hally was all Socretary CAROL MORI	FC 33644	Change Addition	, n
STREET ADDRESS CITY-ST-ZIP TITLE	☐ Celete Y	TITY-ST-ZIP	Hellywood TREASURER	nd Ave Fr 33014	☐ Change ☐ Addition	 RC
NAME STREET ADDRESS CITY-ST-ZIP	s		Geary Corri 2800 N 72 Hollywood	nd Ac FL 33014		
TITLE NAME STREET ADDRESS CITY-ST-ZIF	^	TITLE STREET ADDRESS CITY-ST-ZIP	Albert Lock	Lange st. <u>23024</u>	☐ Change ☐ Addition	, m
NAME STREET ADDRESS CITY-S1-ZIP	A S	ITLE IAME STREET ADDRESS CITY-ST-ZIP			Change Additio	хî
12. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with SIGNATURE:	ue and accurate and that my sig ered to execute this report as rec	quired by Chap				

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