

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007113

1. Entity Name
**THE SOUTHWOOD OF HOLLYWOOD CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3856 SOUTH CIRCLE DR
HOLLYWOOD, FL 33021**

Mailing Address
**3856 SOUTH CIRCLE DR
HOLLYWOOD, FL 33021**



07102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0915433

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHIANO, TONY
3117 HARRISON ST.
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHIANO, TONY
3117 HARRISON ST.
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ORTON, ADELAIDA
1516 JEFFERSON ST
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AKAN, LEONARD
3856 S CIRCLE DRIVE, APT 2
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000372496
07/13/05-80003-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/05
Date

9549250843
Daytime Phone #