


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000061365 1. Entity Name HOLLYWOOD BEACH MANAGEMENT CORPORATION |  |
|---|---|

| | |
|---|--|
| Principal Place of Business 1001 E. ATLANTIC AVE SUITE 202 DELRAY BEACH, FL 33483 | Mailing Address 1000 MARKET STREET SUITE 300 PORTSMOUTH, NH 03801 US |
|---|--|

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 27-0016515 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 |
|---|

**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 reinstating) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALSH, MICHAEL 1001 E. ATLANTIC AVE. DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALSH, MARK 1001 E. ATLANTIC AVE DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALSH, WILLIAM 1000 MARKET ST. PORTSMOUTH, NH 03801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

1000001464203
03/21/06 80107-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, 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.

SIGNATURE: Michael Walsh Michael Walsh, Dir. 1/26/06 (561)279-9908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #