

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
OFFICE OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064250 (1)**

1. Corporation Name

VF HOLLYWOOD OAKS, INC.

Principal Place of Business

Mailing Address

% BROAD & CASSEL
7777 GLADES RD., STE. 300
BOCA RATON FL 33434

% BROAD & CASSEL
7777 GLADES RD., STE. 300
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/31/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3267037

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEUTCH, JEFFREY A
BROAD & CASSEL
7777 GLADES RD., STE. 300
BOCA RATON FL 33434

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and that of corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME POMERANTZ, SAUL
STREET ADDRESS % 7777 GLADES RD., SUITE 300
CITY-ST-ZIP BOCA RATON FL 33434

1. TITLE P/S/D ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 8600 Decarie Blvd., Suite 200
14 CITY-ST-ZIP Town of Mount Royal, OC H4P 2N2

TITLE D
NAME POMERANTZ, TERRY
STREET ADDRESS % 7777 GLADES RD., SUITE 300
CITY-ST-ZIP BOCA RATON FL 33434

2. TITLE V/Ass't Secretary/D ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 8600 Decarie Blvd., Suite 200
24 CITY-ST-ZIP Town of Mount Royal, OC H4P 2N2

TITLE D
NAME GATTINGER, FRANK
STREET ADDRESS % 7777 GLADES RD., SUITE 300
CITY-ST-ZIP BOCA RATON FL 33434

3. TITLE T/V/D ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 8600 Decarie Blvd., Suite 200
34 CITY-ST-ZIP Town of Mount Royal, OC H4P 2N2

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.03(4)(b), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Franklin J. Gattinger**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

April 12, 1995

(514) 341-8600