#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010374

Entity Name: HOLLYWOOD COMMUNITY KOLLEL INC

FILED Apr 03, 2015 Secretary of State CC2465467270

## **Current Principal Place of Business:**

3670 STIRLING ROAD

FORT LAUDERDALE, FL 33312

## **Current Mailing Address:**

3670 STIRLING ROAD

FORT LAUDERDALE. FL 33312 US

FEI Number: 46-1335689 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

LEVINE, JACK CPA 16855 NORTHEAST 2 AVENUE SUITE#303 NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title V, D Title V, T, D

NamePARNES, MOSHE RABBINameGARFINKEL, JEFFREY IAddress3670 STIRLING ROADAddress16751 NE 9 AVENUE #402

City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: NORTH MIAMI BEACH FL 33162

 $\label{eq:title_power_power} \mbox{Title} \qquad \mbox{V, D} \qquad \mbox{Title} \qquad \mbox{P, S, D}$ 

NameSOBOL, EPHRAIMNameBERMAN, ELI DR.Address3670 STIRLING ROADAddress3670 STIRLING ROAD

City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: FORT LAUDERDALE FL 33312

Title V, D

Name GINSPARG, NORMAN Address 3670 STIRLING ROAD

City-State-Zip: FORT LAUDERDALE FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN GINSPARG

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

04/03/2015