FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 4-19-96 B- 14089 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706258 (1)

1. Corporation Name

SINGER ISLAND BUSINESS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 9493 SINGER ISLAND FL 33419	P O BOX 9493 SINGER ISLAND FL 33419

13. CONTINUED
D BARBARA BARTLEY
2419 N. OCEAN AVE
SINGER ISLAND, FL 33404
D GOLDIE MOODY
D JIM MOODY
182 LAKE DRIVE
PALM BEACH SHORES, FL. 33404

3. Date Incorporated or Qualified: 10/08/1963	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-6159379	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

STEWART, JAMES M.
1211 THE PLAZA
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P V.P./D CHANGE ☒ DELETE ☐ LUBECK, CRIP 1250 N OCEAN DR SINGER ISLAND FL	11 TITLE D 12 NAME APH MOULIS 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ DELETE ☒ ~~MATTIOLI, CARL~~ ~~2000 PARK AVE.~~ ~~LAKE PARK FL 33400~~	21 TITLE S/D 22 NAME GAYLE AMECHE 23 STREET ADDRESS 206 INLET WAY 24 CITY-ST-ZIP PALM BEACH SHORES, FL 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ DELETE ☒ ~~GALLAS, DIANNE~~ ~~541 KINGFISH RD.~~ ~~N. PALM BCH. FL 33408~~	31 TITLE D 32 NAME TOM MILLS 33 STREET ADDRESS 178 LAKE DRIVE 34 CITY-ST-ZIP PALM BEACH SHORES, FL. 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D CHANGE ☒ DELETE ☐ MCCLOSKEY, DANIEL 123 OCEAN DRIVE PALM BEACH SHORES FL	41 TITLE D 42 NAME DAVE SCHNYER 43 STREET ADDRESS 2631 PARK AVENUE 44 CITY-ST-ZIP SINGER ISLAND, FL. 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D CHANGE ☒ DELETE ☐ LUCHSINGER, MEAGHAN 1313 E. BLUE HERON BLVD SINGER ISLAND FL 33404	51 TITLE D 52 NAME JO EVANS 53 STREET ADDRESS 151 OCEAN AVENUE 54 CITY-ST-ZIP PALM BEACH SHORES, FL 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S P/D CHANGE ☒ DELETE ☐ STEWART, JAMES, 1211 THE PLAZA SINGER ISLAND FL 33404	61 TITLE D 62 NAME NORM COTE 63 STREET ADDRESS 143 INLET WAY 64 CITY-ST-ZIP PALM BEACH SHORES, FL. 33404	☐ Change ☒ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres. 4/5/96 407-842-2477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES M. STEWART, PRESIDENT