

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 706400 (9)

1. Corporation Name
REDINGTON BEACHES FIRE ASSOCIATION, INC.



Principal Place of Business: 101 164TH AVENUE, REDINGTON BEACH FL 33708
Mailing Address: 101 164TH AVENUE, REDINGTON BEACH FL 33708

3. Date Incorporated or Qualified: 11/08/1963
3a. Date of Last Report: 02/17/1995
4. FEI Number: 59-0838098
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

BALDANZA, JAMES
101 164TH AVE.
REDINGTON BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name: GENE BORG
82 Street Address (P.O. Box Number is Not Acceptable): 101 164TH AVE
83
84 City: REDINGTON BEACH FL 85 Zip Code: 33708

11. Pursuant to the provisions of Sections 617.0302 and 617.1503, 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

Signature, typed or printed name of registered agent and title if applicable

Date of Registered Agent signature (month/day/year)

Gene Borg
3/20/96

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEL BELLO, DALE	
STREET ADDRESS	101 164TH AVENUE	
CITY - ST - ZIP	REDINGTON SHORES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BORG, GENE	
STREET ADDRESS	101 164TH AVE	
CITY - ST - ZIP	REDINGTON BCH FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	GALDANZA, JAMES	
STREET ADDRESS	101 164TH AVE	
CITY - ST - ZIP	REDINGTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID LANDUYT	
1.3 STREET ADDRESS	101 164TH AVE	
1.4 CITY - ST - ZIP	REDINGTON BEACH FL 33708	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BORG, GENE	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JEFF BUSCH	
3.3 STREET ADDRESS	101 164TH AVE	
3.4 CITY - ST - ZIP	REDINGTON BEACH FL 33708	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Borg
3/20/96
813-399-8457

CR2E037 (12/95)