## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

706628

(5)

**520 ASSOCIATION INC** 

## FILED Mar 17 1997 8:00am Secretary of State

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100 E LINTON BLVD. STE 306B 100 E			6 PHIL CITTADINO MANAGEMENT, INC 00 E LINTON BLVD, STE 306B											
DELRAY BC	H FL 33483		DELRAY BCH FL 33483-3326 US				-	3 Date Incorporate	d or Ouglified	3a Da	te of La	ct Ror	ort	7
US		US						3. Date Incorporated or Qualified 3a. Date of 12/31/1963 03/				/22/1996		
2. Principa	Place of Business	2a. Maili	28. Mailing Address					4. FEI Number	^^	· <del></del>		App	lied For	1
21		26	26					59-10947	83			Not .	Applicable	
Sulte, A	pt. #, etc.	Suite 27	Suite, Apt. #, etc.				5. Certificate of Sta	tus Desired		\$8.75 Additional Fee Required				
City & S 23	tate	<b>├</b> ── `	City & State				<b>6.</b> Election Campai Trust Fund Contr			\$5.00 May Be Added to Fees				
Zip	Country Zip 29			Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
[24]	9, Name and Address						10. Name and Address of New Registered Agent							
		•			81	Name							·	1
	HART, GRAIG D				82	Street A	Address	(P.O. Box Number	is Not Accepta	able)				$\frac{1}{2}$
	: 4 AVE AY BCH FL 33483				83									+
	AT DOTT L GOTOG				84	City					85	Zip Co	nde	1
										<u>FL</u>				1
11. Pursua office (	int to the provisions of Section or registered agent, or both, in I am familiar with, and accep	is 617.0502 and 617.150 in the Stale of Florida. Su title obligations of Soot	08, Florida Statu ich change was ico 617 0502 El	tes, the a authorize lorida Stat	bove d by	e-named of the corp	corporat poration's	tion submits this sta s board of directors	tement for the . I hereby acc	purpose of ept the appo	changi pinlmen	ng its it as re	registered gistered	
SIGNATUR		t the obligations of, sect	1011 017.0303, 11	ionoa sta	(Olea	· .								
	Signature, typed or printed name of			TC: Registere	d Age	nt signature r	required wh	hen reinstating)		DATE				J,
12.		OFFICERS AND DIRECTORS 13.						ADDITIONS/CHAI	NGES TO OFF	ICERS AND				18
TITLE	D D	☐ DELETE			TITLE						Chai	nge	Addition	Ę
NAME	GYWNN, JAMES A.			1.2 N										2
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CITY-ST-ZIP	DELRAY BEACH FL		DELETE		ITY-S	T - ZIP					☐ Chai		Addition	ļè
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NAME				157 N	AME									
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	reby certify that the information	on supplied with this filin	a does not aual				taled in <sup>6</sup>	Section 119 07(3\/i)	Elorida Statut	ee I further	cortify	that th		┨

. I do hereby certify that the information supplied with this filling 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 the 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 appears in Block 12 or Block 13 if changing on an affectment with an address