

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **710127 (2)**
1. Corporation Name
SEACOAST TOWERS SOUTH SOCIAL CLUB, INC.



Principal Place of Business: **5101 COLLINS AVENUE MIAMI BEACH FL 33140**
Mailing Address: **5101 COLLINS AVE APT 9-S MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **12/29/1965**
3a. Date of Last Report: **09/18/1995**
4. FEI Number: **59-1109696**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **MANDEL, JACK 5101 COLLINS AVE. APT. 9-S MIAMI BEACH FL 33140**
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FINSOD, SAM D R	D
STREET ADDRESS	5101 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANDEL, JACK	D
STREET ADDRESS	5101 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREEN, HELEN	D + T
STREET ADDRESS	5101 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, IRENE	T
STREET ADDRESS	5101 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	HERMINE DAUER T	<input type="checkbox"/> DELETE
NAME	HERMINE DAUER T	
STREET ADDRESS	5101 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. PRESON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	V. PRESON	
1.3 STREET ADDRESS	5101 COLLINS AVE	
1.4 CITY-ST-ZIP	MIAMI BEACH (FL 33140)	
2.1 TITLE	PRESON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESON	
2.3 STREET ADDRESS	5101 COLLINS AVE	
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY	
3.3 STREET ADDRESS	FINDING	
3.4 CITY-ST-ZIP		
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY	
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		

Approved by Bank 10.25

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 149.07(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: *Jude Hercules (PR)* 5101 COLLINS AVE (MIAMI-BEACH)
DATE: _____

CR2E037 (12/95)