

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 712350 (8)

1. Corporation Name

SOUTH LEISURE BY THE SEA ASSOCIATION, INC.



Principal Place of Business

224 HIBISCUS AVE  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

224 HIBISCUS AVE  
LAUDERDALE BY THE SEA FL 33308

3. Date Incorporated or Qualified  
03/06/1967

3a. Date of Last Report  
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1147906

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF P.A.  
3111 STIRLING RD.  
FT. LAUDERDALE FL 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANTO, DOMINICK	
STREET ADDRESS	224-HIBISCUS AVE. APT. 250	
CITY-ST-ZIP	LAUD BY THE SEA, FL00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURRAY, MABEL	
STREET ADDRESS	234 HYBISCUS AVE	
CITY-ST-ZIP	LAUD BY THE SEA, FL00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANTO, MARION	
STREET ADDRESS	224 HIBISCUS AVE.	
CITY-ST-ZIP	LAUD BY THE SEA, FL00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MORESI, BOB	
STREET ADDRESS	234 HIBISCUS AVE.	
CITY-ST-ZIP	LAUD. BY THE SEA FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES REY	
1.3 STREET ADDRESS	234 Hibiscus Avenue Apt. 269	
1.4 CITY-ST-ZIP	Laud by the Sea, FL 33308	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH MURRAY	
3.3 STREET ADDRESS	234 Hibiscus Avenue Apt. 265	
3.4 CITY-ST-ZIP	Laud by the Sea, FL 33308	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LORRAINE RICCIUTI	
4.3 STREET ADDRESS	234 Hibiscus Avenue Apt. 172	
4.4 CITY-ST-ZIP	Laud by the Sea, FL 33308	
5.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAT O'BRIEN	
5.3 STREET ADDRESS	234 Hibiscus Avenue Apt. 369	
5.4 CITY-ST-ZIP	Laud by the Sea, FL 33308	
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: James P. Rey - JAMES P. REY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)