

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PH 3:07

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 713250 (9)

1. Corporation Name

SINGER ISLAND CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
1120 POWELL DR. RIVIERA BCH FL 33404-9756
1120 POWELL DR. RIVIERA BCH FL 33404-9756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1967 3a. Date of Last Report 03/01/1994
4. FEI Number 23-7445268 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DONOVAN & BORDELEAU, P.A.
1201 US HWY ONE #205
NORTH PALM BCH FL 33408

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	RICE, BERNARD
STREET ADDRESS	5420 N. OCEAN DR., SUITE 1404
CITY - ST - ZIP	RIVIERA BCH. FL
TITLE	VD
NAME	BARZELAY, MARTIN
STREET ADDRESS	5070 N OCEAN DR N 6-C
CITY - ST - ZIP	RIVIERA BCH FL
TITLE	PD
NAME	ROSEN, MARTIN
STREET ADDRESS	5200 N OCEAN DR #805
CITY - ST - ZIP	RIVIERA BCH FL
TITLE	TD
NAME	BENNETT, ALAN
STREET ADDRESS	1167 MORSE BLVD.
CITY - ST - ZIP	RIVIERA BCH. FL
TITLE	VD
NAME	LEWIS, CHARLENE
STREET ADDRESS	106 LINDA LANE, SUITE 2
CITY - ST - ZIP	PALM BCH. SHORES FL
TITLE	SD
NAME	KUNUTY, AGNES.
STREET ADDRESS	1120 POWELL DRIVE.
CITY - ST - ZIP	RIVIERA BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MASEK, CLIFFORD
2.3 STREET ADDRESS	1262 SUGAR SANDS BLVD # 231
2.4 CITY - ST - ZIP	RIVIERA BEACH, FL 33404
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Agnes Kunuty AGNES KUNUTY 2/24/95 4078421166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Name #