

**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 # 713250 (9)

1. Corporation Name  
**SINGER ISLAND CIVIC ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: 08/25/1967  
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business: 21 *1161* Suite, Apt. #, etc. **Singer Dr.**  
22 **Riviera Beach, Fl**  
23 City & State  
24 Zip **33404** 25 Country **Palm Beach**  
2a. Mailing Address: 26 *1161* Suite, Apt. #, etc. **Singer Dr.**  
27 City & State  
28 **Riviera Beach, Fl.**  
29 Zip **33404** 30 Country **Palm Beach**

4. FEI Number: 23-7445268 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  
**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  
85 Zip Code **FL**

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 nonblank) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, BERNARD	1.2 NAME	PD
STREET ADDRESS	5420 N. OCEAN DR., SUITE 1404	1.3 STREET ADDRESS	Rice, Bernard
CITY-ST-ZIP	RIVIERA BCH. FL	1.4 CITY-ST-ZIP	5420 N. Ocean Dr #1404
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Riviera Bch. Fl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASEK, CLIFFORD	2.2 NAME	TD
STREET ADDRESS	1262 SUGAR SANDS BLVD #231	2.3 STREET ADDRESS	White, William
CITY-ST-ZIP	RIVIERA BCH FL	2.4 CITY-ST-ZIP	1161 Singer Dr
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, MARTIN	3.2 NAME	Rosen, Martin
STREET ADDRESS	5200 N OCEAN DR #805	3.3 STREET ADDRESS	5200 N. Ocean Dr #805
CITY-ST-ZIP	RIVIERA BCH FL	3.4 CITY-ST-ZIP	Riviera Bch, Fl
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, ALAN	4.2 NAME	VD
STREET ADDRESS	1167 MORSE BLVD.	4.3 STREET ADDRESS	Barzelay, Martin
CITY-ST-ZIP	RIVIERA BCH. FL	4.4 CITY-ST-ZIP	5070 N. Ocean Dr #6C
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, CHARLENE	5.2 NAME	VD
STREET ADDRESS	106 LINDA LANE, SUITE 2	5.3 STREET ADDRESS	Hill, John
CITY-ST-ZIP	PALM BCH. SHORES FL	5.4 CITY-ST-ZIP	145 Ocean Ave #402
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUNUTY, AGNES.	6.2 NAME	SD
STREET ADDRESS	1120 POWELL DRIVE.	6.3 STREET ADDRESS	Levy, Abraham
CITY-ST-ZIP	RIVIERA BCH FL	6.4 CITY-ST-ZIP	5380 N. Ocean Dr #19F
			Riviera Bch, Fl

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]* 4/7/96 407-863-1553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)