


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90014 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713250 ✓

1. Corporation Name
SINGER ISLAND CIVIC ASSOCIATION, INC.

Principal Place of Business 1161 SINGER DRIVE RIVIERA BEACH FL 33404 US	Mailing Address 1161 SINGER DR RIVIERA BEACH FL 33404 US
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2. Principal Place of Business 21 1281 N OCEAN DR Suite, Apt. #, etc. 22 Box 114 City & State 23 SINGER ISLAND, FL Zip Country 24 33404 25 USA	2a. Mailing Address 26 1281 N OCEAN DR Suite, Apt. #, etc. 27 Box 114 City & State 28 SINGER ISLAND, FL Zip Country 29 33404 30 USA	3. Date Incorporated or Qualified 08/25/1967	4. FEI Number 23-7445268	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MERNS, MICHAEL
STREET ADDRESS	5080 N OCEAN DR, #26
CITY-ST-ZIP	RIVIERA BCH. FL 33404
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	WOLF, PHILIP
STREET ADDRESS	5400 N OCEAN DR, #1101
CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ROSEN, MARTIN
STREET ADDRESS	5200 N OCEAN DR #805
CITY-ST-ZIP	RIVIERA BCH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BARZELAY, MARTIN
STREET ADDRESS	5070 N OCEAN DR., #6C
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HARTMAN, JACK
STREET ADDRESS	1201 YACHT HARBOR DR
CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	SD <input type="checkbox"/> DELETE
NAME	LEVY, ABRAHAM
STREET ADDRESS	5380 N OCEAN DRIVE, #19F
CITY-ST-ZIP	RIVIERA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WOLF, PHILIP
1.3 STREET ADDRESS	5400 N OCEAN DR #1101
1.4 CITY-ST-ZIP	SINGER ISLAND, FL 33404
2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUDOLPH, HANS D
2.3 STREET ADDRESS	145 OCEAN AVE #519
2.4 CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RASMUSSEN, JAY
3.3 STREET ADDRESS	1202 SUGAR SANDS BLVD
3.4 CITY-ST-ZIP	SINGER ISLAND, FL 33404
4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RUDFORD, WILLIAM
4.3 STREET ADDRESS	1111 POWELL DR
4.4 CITY-ST-ZIP	SINGER ISLAND, FL 33404
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 hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED: D RUDOLPH 7/14/99 561-7078058**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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