## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| •                       | MEN # 714546 EVILLE FAIRWAY THREE AS   |   |                       | ·            |              |          |  |  |  |  |  |
|-------------------------|--|---|-----------------------|--------------|--------------|----------|--|--|--|--|--|
| 2800 WEST GOLF BLVD.    |  | 2800 WEST GOLF BLVD.                                      |                       |              |              |          | 3. Date Incorporated or Qualified  |  |  |  |  |
|                         | NO BEACH FL 33064 POMPANO BEACH F      |   |                       |              |              |          | 05/03/1968   |  |  |  |  |
|                         |  |   |                       |              |              |          | 4. FEI Number Applied Fo   |  |  |  |  |
|                         |  |   |                       |              |              |          | 59-1966166 Not Applica   |  |  |  |  |
| 2. Principal Pi         | lace of Business                       | 2a. Mailing Address                                       |                       |              |              |          | 5. Certificate of Status Desired S8.75 Additional  |  |  |  |  |
| 11                      |  | 26  |                       |              |              |          | Fee Required   |  |  |  |  |
| Suite, Apt.             | #, BIC.                                | Suite, Apt. #, etc.                                       |                       |              |              |          | 6. Election Campaign Financing \$5.00 May Be   |  |  |  |  |
| City & State            | A                                      | City & State  |                       |              |              |          | Trust Fund Contribution Added to Fees  |  |  |  |  |
| 3                       | •                                      | 28  |                       |              |              |          | 7. Is this nonprofit corporation a homeowners association?   |  |  |  |  |
| Zip                     | Country                                | Zip   | Cou                   | intry        |              |          | 8. This corporation owes or has paid the current year Interigible  |  |  |  |  |
| 4                       | 25                                     | 29  | 30                    |              |              |          | Personal Property Tax due June 30.  Yes No   |  |  |  |  |
|                         | 9. Name and Address of Current         | Registered Agent  |                       |              |              |          | 10. Name and Address of New Registered Agent   |  |  |  |  |
|                         |  |   |                       | 81           | Name         |          |  |  |  |  |  |
| ORNER, HOWARD S P.A.    |  |   |                       | 62           | Street       | Addre    | Idress (P.O. Box Number is Not Acceptable)   |  |  |  |  |
|                         | iv <b>e</b> rsity dr                   |   |                       | 83           |              |          |  |  |  |  |  |
| STE. 110                |  |   | i                     | 63           |              |          |  |  |  |  |  |
| CORAL S                 | SPRINGS FL 33065                       |   |                       | 84           | City         |          | FL 85 Zip Code   |  |  |  |  |
| agent. I a              | m familiar with, and accept the obliga | and title if applicable. (NOT                             | orida Stal            | tutes        | i.<br>       |          | oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registers ad when reinstating)  DATE   |  |  |  |  |
| 12.                     | OFFICERS AND                           |   | 13.                   |              |              | т        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |  |  |
| TITLE                   | VD                                     | DELETE  | 1.1 T                 |              |              | 1        | Change Add   |  |  |  |  |
| NAME                    | MERTZ, BERNICE                         |   | 1.2 N/                |              | 1000000      |          |  |  |  |  |  |
| STREET ADDRESS          | 2800 W GOLF BLVD., #127                |   |                       |              | ADDRESS      |          |  |  |  |  |  |
| CITY-ST-ZIP TITLE       | POMPANO BEACH FL                       | DELETE  | 2.1 TI                | TY-SI<br>Tif | I - ZIP      | ┪──      | ☐ Change ☐ Add   |  |  |  |  |
| NAME                    | NADEAU, RAYMONDE                       |   | 22 N                  |              |              | ľ        |  |  |  |  |  |
| STREET ADDRESS          | 2800 W. GOLF BLVD.                     |   |                       |              | ADDRESS      |          |  |  |  |  |  |
| CITY-ST-ZIP             | POMPANO BEACH FL                       |   |                       | ITY-S        |              |          |  |  |  |  |  |
| TITLE                   | VD                                     | ☐ DELETE  | 3.1 TI                |              |              | 1        | Change Add   |  |  |  |  |
| NAME                    | VILLENEUVE, JEAN GUY                   |   | 3.2 N                 | AME          |              |          |  |  |  |  |  |
| STREET ADDRESS          | 2800 W. GOLF BLVD.                     |   | 3.3 \$1               | REFT         | ADDRESS      |          |  |  |  |  |  |
| CITY - ST - ZIP         | POMPANO BEACH FL                       |   | 3.4. C                | ITY - S      | T-ZIP        | <u> </u> |  |  |  |  |  |
| TITLE                   | <b>8</b> D                             | DELETE  | 4.1 Tr                |              |              |          | Change Add   |  |  |  |  |
| NAME                    | GUAY, ADRIEN                           |   | 4. 2 NAME             |              |              | }        |  |  |  |  |  |
| STREET ADDRESS          | 2800 W. GOLF, #229                     |   | i i                   |              | ADDRESS      | 1        |  |  |  |  |  |
| CITY-ST-ZIP<br>TITLE    | POMPANO BEACH FL                       | DELETE  |                       | TY-5]        | ı - ZIP      | +-       | ☐ Change ☐ Add   |  |  |  |  |
| NAME                    | TD<br>Johansson, Eleanor               | C occtic  | 5.1 TITLE<br>5.2 NAME |              |              |          | L Change L Auc   |  |  |  |  |
| STREET ADDRESS          | 2800 W. GOLF #128                      |   |                       |              | ADDRESS      | ł        |  |  |  |  |  |
| CITY-ST-ZIP             | POMPANO BEACH FL                       |   | 5.4 CITY-             |              |              |          |  |  |  |  |  |
| TITLE                   | T. Firm this Relief.   F               | DELETE  | 6.1 Ti                | _            | <del>.</del> | <u> </u> | Change Add   |  |  |  |  |
| NAME                    |  |   | 6.2 N                 | AME          |              | ]        |  |  |  |  |  |
| STREET ADDRESS          |  |   | 6.3 \$1               | REET         | ADDRESS      |          |  |  |  |  |  |
| CITY-ST-ZIP             |  |   |                       | 1Y-51        |              | <u> </u> |  |  |  |  |  |
| indicated<br>officer or | on this annual report or supplemental  | annual report is true and acciver or trustee empowered to | urate and             | d tha        | at my si     | gnature  | Section 119.07(3)(i), Florida Statutes. I further certify that the informat<br>e shall have the same legal effect as if made under oath; that I am at<br>irred by Chapter 617, Florida Statutes; and that my name appears in |  |  |  |  |

4/27/98

954-946-0096

**FILED** 

May 20 1998 8:00am

Secretary of State