

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:15

DOCUMENT # 718642 (2)
1. Corporation Name
SAVOY EAST ASSOCIATION, INC.

Principal Place of Business Mailing Address
3210 S.E. 10TH STREET 3210 S.E. 10TH STREET
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/05/1970** 3a. Date of Last Report **03/03/1994**
4. FEI Number **59-1523410** 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**
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

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

9. Name and Address of Current Registered Agent
KAYE & ROGER, P.A
% ROBERT KAYE
1500 W. CYPRESS CREEK ROAD, SUITE 207
FT. LAUDERDALE FL 33309

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALUGHI, BRENDA	1.2 NAME	
STREET ADDRESS	3210 SE 10TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAR, DAVID	2.2 NAME	
STREET ADDRESS	3210 SE 10TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KIMBERLY	3.2 NAME	
STREET ADDRESS	3210 SE 10TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, THOMAS	4.2 NAME	EDWARD AUGUSTO
STREET ADDRESS	3210 SE 10TH ST	4.3 STREET ADDRESS	3210 SE 10 ST.
CITY - ST - ZIP	POMPANO BEACH FL	4.4 CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, CHARLES	5.2 NAME	CATHERINE AUGUSTO
STREET ADDRESS	3210 SE 10TH ST	5.3 STREET ADDRESS	3210 SE 10 ST
CITY - ST - ZIP	POMPANO BEACH FL 33062	5.4 CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTMA, RONALD J.	6.2 NAME	NICK DRUGGOS
STREET ADDRESS	3210 SE 10TH ST	6.3 STREET ADDRESS	3210 SE 10 ST.
CITY - ST - ZIP	POMPANO BEACH FL 33062	6.4 CITY - ST - ZIP	POMPANO BEACH, 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 110.07(3)(b), 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: **Catherine Augusto - CATHERINE AUGUSTO** 3/24/95 305-761-4841
TREASURER