

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725554 (0)

1. Corporation Name

SECTION TEN ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1973	3a. Date of Last Report 02/24/1994
4. FEI Number 23-7329850	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	

Principal Place of Business
6724 NW 61 STREET
TAMARAC FL 33321-5619

Mailing Address
6724 NW 61 STREET
TAMARAC FL 33321-5619

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

9. Name and Address of Current Registered Agent

KARR, FANNY
5902 N.W. 71 AVE.
TAMARAC FL 3321

10. Name and Address of New Registered Agent

81. Name George Bates
82. Street Address (P.O. Box Number is Not Acceptable)
6716 N.W. 59th St.
83. City TAMARAC
84. State Florida 33321 FL 85. Zip Code 33321

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 *George P. Bates* 2nd Vice President 2/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PORTELLI, EMMA
STREET ADDRESS	7203 N.W. 60TH ST.
CITY-ST-ZIP	TAMARAC FL
TITLE	TD
NAME	BLAKE, JOHN
STREET ADDRESS	7204 N.W. 59TH ST.
CITY-ST-ZIP	TAMARAC FL
TITLE	VD
NAME	GONNELLA, JEANETTE
STREET ADDRESS	6008 N.W. 67TH WAY
CITY-ST-ZIP	TAMARAC FL
TITLE	VD
NAME	KARR, FANNIE
STREET ADDRESS	5902 N.W. 71 AVE.
CITY-ST-ZIP	TAMARAC FL
TITLE	S
NAME	OLSEN, SONYA
STREET ADDRESS	5900 N.W. 67TH AVE.
CITY-ST-ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Pres. D ☒ Change ☐ Addition
1.2 NAME	John Blake
1.3 STREET ADDRESS	7204 N.W. 59th Street
1.4 CITY-ST-ZIP	Tamarac, Florida 33321
2.1 TITLE	Treasurer D ☒ Change ☐ Addition
2.2 NAME	Charles Siskin
2.3 STREET ADDRESS	6605 N.W. 61st Street
2.4 CITY-ST-ZIP	Tamarac, Florida 33321
3.1 TITLE	1st. Vice Pres. D ☒ Change ☐ Addition
3.2 NAME	Sophie Beyer
3.3 STREET ADDRESS	6806 N.W. 59th Street
3.4 CITY-ST-ZIP	Tamarac, Florida 33321
4.1 TITLE	2nd Vice Pres. D ☒ Change ☐ Addition
4.2 NAME	George Bates
4.3 STREET ADDRESS	6716 N.W. 59th St.
4.4 CITY-ST-ZIP	Tamarac, Florida 33321
5.1 TITLE	Secy. ☒ Change ☐ Addition
5.2 NAME	Beatrice Clinton
5.3 STREET ADDRESS	5819 N.W. 70th St.
5.4 CITY-ST-ZIP	Tamarac, Florida 33321
6.1 TITLE	
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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *George P. Bates* 2/3/95 721-1166
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone