# 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 # 725554 (0)

1. Corporation Name
**SECTION TEN ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6724 NW 61 STREET<br>TAMARAC FL 33321-5619 | 6724 NW 61 STREET<br>TAMARAC FL 33321-5619 |

3. Date Incorporated or Qualified: 02/15/1973
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BATES, GEORGE
6716 NW 59TH ST.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: Norman Karr
82 Street Address (P.O. Box Number is Not Acceptable): 5902 NW 71st Ave.
83
84 City: Tamarac FL 85 Zip Code: 33321

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SISKIN, CHARLES<br>6605 NW 61ST ST.<br>TAMARAC FL 33321 | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | Treas. Charles Siskin<br>6605 N.W. 61st St.<br>Tamarac , Fl. 33321 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BLAKE, JOHN<br>7204 NW 59TH ST.<br>TAMARAC FL 33321 | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | Pres. John Blake<br>7294 NW 59th St.<br>Tamarac, FL 33321 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BEYER, SOPHIE<br>6806 N.W. 59TH ST.<br>TAMARAC FL 33321 | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | VD<br>Nathan Kolker<br>5905 NW 69th Ave.<br>Tamarac, FL 33321 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2VD<br>BATES, GEORGE<br>6716 NW 59TH ST.<br>TAMARAC FL 33321 | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | 2VD<br>Norman Karr<br>5902 NW 71st Ave<br>Tamarac, FL 33321 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CLINTON, BEATRICE<br>5819 NW 70TH ST.<br>TAMARAC FL 33321 | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | S<br>Gloria LeGette<br>7205 NW 59th St.<br>Tamarac, FL 33321 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (12/95)

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:** Charles Siskin CHARLES SISKIN TREAS 4/1996 726-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #