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Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northman
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
TAMARAC FL 33321-56196724 NW 61 STREET
TAMARAC FL 33321-5619

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1973		3a. Date of Last Report 03/13/1996	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 23-7329850		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

KARR, NORMAN
5902 NE 71ST AVE
TAMARAC FL 33321

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TREASURER TD
NAME	SISKIN, CHARLES	1.2 NAME	ANN CALLAGHAN
STREET ADDRESS	6605 NW 61ST ST.	1.3 STREET ADDRESS	600P NW 71ST AVE
CITY, ST, ZIP	TAMARAC FL 33321	1.4 CITY, ST, ZIP	TAMARAC FL 33321
TITLE	PD	2.1 TITLE	President. PD
NAME	BLAKE, JOHN	2.2 NAME	NATHAN KOIKER
STREET ADDRESS	7204 NW 59TH ST.	2.3 STREET ADDRESS	5905 N.W. 69 AVE
CITY, ST, ZIP	TAMARAC FL 33321	2.4 CITY, ST, ZIP	TAMARAC FL 33321
TITLE	VD	3.1 TITLE	1st Vice President VD
NAME	BEYER, SOPHIE	3.2 NAME	Sonia OLSEN
STREET ADDRESS	6806 N.W. 59TH ST.	3.3 STREET ADDRESS	5900 N.W. 67 AVE
CITY, ST, ZIP	TAMARAC FL 33321	3.4 CITY, ST, ZIP	TAMARAC FL 33321
TITLE	2VD	4.1 TITLE	2nd. Vice President 2VD
NAME	BATES, GEORGE	4.2 NAME	PAUL LENNON
STREET ADDRESS	6716 NW 59TH ST.	4.3 STREET ADDRESS	6013 N.W. 68 TERR.
CITY, ST, ZIP	TAMARAC FL 33321	4.4 CITY, ST, ZIP	TAMARAC FL 33321
TITLE	S	5.1 TITLE	Secy.
NAME	CLINTON, BEATRICE	5.2 NAME	Gloria Legette S
STREET ADDRESS	5819 NW 70TH ST.	5.3 STREET ADDRESS	7205 N.W. 59th ST.
CITY, ST, ZIP	TAMARAC FL 33321	5.4 CITY, ST, ZIP	TAMARAC FL 33321
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17, 1997

Division Phone # 0036843

CR2E037 (9/96)