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03-22-1999 90083 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725554

1. Corporation Name
SECTION TEN ASSOCIATION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/15/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7320950 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KARR, NORMAN
5902 NE 71ST AVE
TAMARAC FL 33321

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	CLARENCE HEWITT	☐ Change ☐ Addition
NAME	CALLAGHAN, ANN		1.2 NAME	6606 N.W. 70 AVE	
STREET ADDRESS	6008 NW 71ST AVE		1.3 STREET ADDRESS	TAMARAC, FL. 33321	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	BOB HARRIS	☐ Change ☐ Addition
NAME	RIVALDO, NICHOLAS		2.2 NAME	5904 N.W. 67 AVE	
STREET ADDRESS	6012 NW 68 TERR		2.3 STREET ADDRESS	TAMARAC, FL. 33321	
CITY-ST-ZIP	TAMARAC FL 33321		2.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	3.1 TITLE	JOHN BLAKE	☐ Change ☐ Addition
NAME	OLSEN, SONIA		3.2 NAME	7204 N.W. 59 ST.	
STREET ADDRESS	5900 NW 67 AVE		3.3 STREET ADDRESS	TAMARAC, FL. 33321	
CITY-ST-ZIP	TAMARAC FL 33321		3.4 CITY-ST-ZIP		
TITLE	SVPD	☒ DELETE	4.1 TITLE	JOAN REISS	☐ Change ☐ Addition
NAME	KARR, NORMAN		4.2 NAME	6105 N.W. 69 AVE.	
STREET ADDRESS	5902 NE 71 AVE		4.3 STREET ADDRESS	TAMARAC, FL. 33321	
CITY-ST-ZIP	TAMARAC FL 33321		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	VIRGINIA ZAWASNICK	☐ Change ☐ Addition
NAME	LEGETTE, GLORIA		5.2 NAME	6109 N.W. 69 AVE.	
STREET ADDRESS	7205 NW 59TH ST		5.3 STREET ADDRESS	Tamarac, FL. 33321	
CITY-ST-ZIP	TAMARAC FL 33321		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #