

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 033 ****61.25

DOCUMENT # 725554

1. Entity Name

SECTION TEN ASSOCIATION, INC.



Principal Place of Business

6724 NW 61 STREET
SECTION 10 ASSOC.
TAMARAC FL 33321-5619

Mailing Address

6724 NW 61 STREET
SECTION 10 ASSOC.
TAMARAC FL 33321-5619



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

23-7320950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUMKIN, CHARLES S
7304 NW 59 STREET
TAMARAC FL 33321-1

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles S. Blumkin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DDP	☐ Delete
NAME	REISS, JOAN	
STREET ADDRESS	6105 NW 69 AVE	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	PVP	☐ Delete
NAME	SCHERRER, MARK	
STREET ADDRESS	5909 NW 69 AVE	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	SVPD	☒ Delete
NAME	LENNON, DORIS	
STREET ADDRESS	6102 NW 68 TERRACE	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	S	☒ Delete
NAME	WHALEN, SHERRY	
STREET ADDRESS	6007 NW 67 WAY	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	T	☒ Delete
NAME	WATSON, DOLORES	
STREET ADDRESS	6715 NW 59 ST	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SVPD	☒ Change ☐ Addition
NAME	FRANCOIS, Roosevelt	
STREET ADDRESS	6111 NW 73 TERRACE	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	S	☒ Change ☐ Addition
NAME	WATSON, DOLORES	
STREET ADDRESS	6715 NW 59 STREET	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	TREAS	☒ Addition
NAME	BREITSTEIN, JUNE	
STREET ADDRESS	6713 NW 59 STREET	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Reiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/2007 957262060