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 # 726380 (9)

1. Corporation Name

CONNEMARA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5420 N OCEAN DRIVE 101 SINGER ISLAND FL 33404 US	5420 N OCEAN DRIVE 101 SINGER ISLAND FL 33404 US

3. Date Incorporated or Qualified: 05/11/1973

3a. Date of Last Report: 06/26/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-1577326 ☐ 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**

OGOZALY, LEO
5420 N OCEAN DRIVE, #901
SINGER ISLAND FL 33404

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 name changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SALEM, ALICE		1.2 NAME	John Johnson	
STREET ADDRESS	5420 N. OCEAN DR.		1.3 STREET ADDRESS	5420 N. Ocean Dr	
CITY-ST-ZIP	SINGER ISLAND FL		1.4 CITY-ST-ZIP	Singer Island, FL.	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAMPLE, JUDITH		2.2 NAME		
STREET ADDRESS	5420 N. OCEAN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ERCELL		3.2 NAME		
STREET ADDRESS	5420 N OCEAN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZELIGER, GAIL		4.2 NAME		
STREET ADDRESS	5420 N. OCEAN DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OGOZALY, LEO		5.2 NAME		
STREET ADDRESS	5420 N. OCEAN DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DE STEFANO, CHARLES		6.2 NAME	James Bond	
STREET ADDRESS	5420 N OCEAN DR		6.3 STREET ADDRESS	5420 N. Ocean Dr.	
CITY-ST-ZIP	SINGER ISLAND FL		6.4 CITY-ST-ZIP	Singer Island, FL	

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: [signature] 3/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LEO OGOZALY, President