


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90080 013 ****61.25

372509 - 90037 - 34

| | | | |
|---|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 727004 1. Corporation Name RIZON EAST ASSOCIATION, INC. | | | |
| Principal Place of Business 3580 SOUTH OCEAN BOULEVARD SOUTH PALM BEACH FL 33480 | | Mailing Address 3580 SOUTH OCEAN BOULEVARD SOUTH PALM BEACH FL 33480 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 07/23/1973 | |
| 22 City & State | 27 City & State | 4. FEI Number | Applied For |
| 23 Zip Country | 28 Zip Country | 59-1586157 | Not Applicable |
| 24 | 25 | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BRENNAN, WILLIAM 3580 SOUTH OCEAN BLVD. SOUTH PALM BEACH 33480 | | 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 | | | |
| 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 | SD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIANNI, ROSA | 1.2 NAME | |
| STREET ADDRESS | 3580 S OCEAN BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | S PALM BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NORTON, MAC | 2.2 NAME | |
| STREET ADDRESS | 3580 S OCEAN BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | S PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | OT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, KEITH | 3.2 NAME | |
| STREET ADDRESS | 3580 SO OCEAN BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SO. PALM BCH FL | 3.4 CITY-ST-ZIP | |
| TITLE | (D) POLES, SEYMOUR <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3580 S OCEAN BLVD | 4.2 NAME | |
| STREET ADDRESS | SO. PALM BEACH FL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan 27 - 99 Daytime Phone #

CR2E037 (1/798)