

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 # 728578 (6)

1. Corporation Name

THE CLINTON ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6545 INDIAN CREEK DRIVE
MIAMI BEACH FL 33141

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MIAMI BEACH FL 33141

3. Date incorporated or Qualified

01/08/1974

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1521822

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

10. Name and Address of New Registered Agent

TENENBAUM, HERMAN
6545 INDIAN CREEK DRIVE
STE. #401
MIAMI BEACH FL 33141

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 S ☐ DELETE

NAME MARTIN, LOUIS
STREET ADDRESS 10441 SW 52 ST
CITY-ST-ZIP MIAMI FL

TITLE TDD ☐ DELETE

NAME TENENBAUM, HERMAN
STREET ADDRESS 6545 INDIAN CREEK DR
CITY-ST-ZIP MIAMI BEACH FL

TITLE BVP ☐ DELETE

NAME HARDY, LORRAINE
STREET ADDRESS 6545 INDIAN CREEK DR
CITY-ST-ZIP MIAMI BEACH FL

TITLE DD ☒ DELETE

NAME LEFKOE, KATHERINE
STREET ADDRESS 6545 INDIAN CREEK DR
CITY-ST-ZIP MIAMI BEACH FL

TITLE DD ☐ DELETE

NAME GUARDIA, LUIS MR
STREET ADDRESS 6545 INDIAN CREEK DR. APT #309
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE P ☒ DELETE

NAME CASTILLO, ROY DEL
STREET ADDRESS 8095 SW COURT
CITY-ST-ZIP MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GLADYS COSTALES ☐ Change ☒ Addition

1623 Collin Avenue #714

Miami Beach, FL 33139

RAUL TORRES ☐ Change ☒ Addition

6545 Indian Creek Drive #206

RAY DEL CASTILLO ☐ Change ☒ Addition

8095 S.W. 89 CT

Miami, FL 33173

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: H. Tenenbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23-96

Date

305-884-0087

Daytime Phone

CR2E037 (12/95)