

**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

**FILED**  
**Mar 11, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 736615 (6)**  
1. Corporation Name  
**CITIZENS ASSOCIATION SOUTH OF SLOAN'S CURVE, INC**



Principal Place of Business Mailing Address  
**2875 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480**      **2875 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/18/1976</b>	3a. Date of Last Report <b>03/20/1995</b>
21		26		4. FEI Number <b>59-1930968</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SCHORR, MAX 250 ROYALS PALM WAY PALM BEACH FL 33480</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>GD</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>COCHAIR</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>MATCH, JOHN</del>			1.2 NAME	<b>RODNEY FINK</b>		
STREET ADDRESS	<del>3476 S OCEAN BLVD</del>			1.3 STREET ADDRESS	<b>3170 SO OCEAN BLVD</b>		
CITY-ST-ZIP	<del>PALM BCH FL</del>			1.4 CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>		
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>HERMAN, ANN</del>			2.2 NAME	<b>KENNETH LASSOR</b>		
STREET ADDRESS	<del>2778 S OCEAN BLVD #207N</del>			2.3 STREET ADDRESS	<b>2778 SOUTH OCEAN BLVD</b>		
CITY-ST-ZIP	<del>PALM BCH FL</del>			2.4 CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>		
TITLE	<b>GC</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SCHORR, MAX</b>			3.2 NAME			
STREET ADDRESS	<b>2778 S OCEAN BLVD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BCH, FL 00000</b>			3.4 CITY-ST-ZIP			
TITLE	<b>ATD</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RAMSEY, PHILIP</b>			4.2 NAME			
STREET ADDRESS	<b>3390 S. OCEAN BLVD.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BCH, FL 00000</b>			4.4 CITY-ST-ZIP	<b>900001743249</b>		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<b>-03/14/96--01069--010</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KING, WILLIAM</b>			5.2 NAME	<b>***61.25</b>		
STREET ADDRESS	<b>2850 S OCEAN BLVD</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BCH, FL 00000</b>			5.4 CITY-ST-ZIP			
TITLE	<b>COCHAIR MRN</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SILKEN, STANLEY</b>			6.2 NAME			
STREET ADDRESS	<b>2778 S OCEAN BLVD</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BCH, FL 00000</b>			6.4 CITY-ST-ZIP			

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, 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: *Stanley Silken - Rodney B. Fink*      Date: **FEB 2, 96**      Daytime Phone #: **(407) 588-9989**

CR2E037 (12/95)