

# 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 # **739053** (7)

1. Corporation Name

**LOGGERS' RUN, INC.**



Principal Place of Business

Mailing Address

23257 STATE RD. 7  
SUITE 202  
BOCA RATON FL 33428  
US

23123 ST RD 7  
STE 304  
BOCA RATON FL 33428  
US

3. Date Incorporated or Qualified  
**05/19/1977**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **23257 State RD 7**

22 City & State

27 **202**  
28 **Boca Raton, FL**

23 Zip

Country

29 Zip

Country

24 **33428** 25

4. FEI Number

**59-1889615**

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

**BECCHIO, BRIAN L  
23257 STATE ROAD 7  
SUITE 202  
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name  
**PRIME management**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**23257 State Road 7**  
83 Suite 202  
84 City **Boca Raton** FL 85 Zip Code **33428**

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

*Julie Anne Scholz* AS Agent

*Julie Anne Scholz*

**3/6/96**

Signature of individual or named registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BARBIERI, FRANK**  
STREET ADDRESS **11394 COUNTRY SOUND CT.**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☒ DELETE

NAME **GRAPE, RICHARD**  
STREET ADDRESS **22315 SOLITUDE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **JORDAN, JIM**  
STREET ADDRESS **21387 SWEETWATER LANE N.**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **FREEDMAN, CYNTHIA**  
STREET ADDRESS **11604 TIMERS WAY**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ DELETE

NAME **MOORE, JOHN**  
STREET ADDRESS **21293 PURPLE SAGE LANE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☒ DELETE

NAME **RUSO, LORAIN**  
STREET ADDRESS **22251 SOLITUDE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

**21026 Shady Vista Lane**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

**VP Robert Tannazzi**  
**21023 Shady Vista Lane**  
**Boca Raton, FL 33428**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☒ Addition

**SD Tina Beale**  
**11894 Island Lakes Lane**  
**Boca Raton, FL 33498**

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: **JAMES J. JORDAN** *Jordan* **3/6/96** (407) 487-8125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)