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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State \* 
DIVISION OF CORPORATIONS

**DOCUMENT** #

741595

(3)

Principal Place of Business Mailing Address  6001 EVERGREEN DR. MIRAMAR FL 33023  MIRAMAR FL 33023  MIRAMAR FL 33023  MIRAMAR FL 33023  3. Date Incorporated or Qualified  02/10/1978  4. FEI Number	OM DIBAL BIBIT NODI
MIRAMAR FL 33023 MIRAMAR FL 33023 02/10/1978 4. FEI Number	
	Applied For
2. Principal Place of Business 2a. Mailing Address 55-0291114	Not Applicable
26 5. Certificate of Status Desired Li Fe	75 Additional e Required
Suite, Apt. #, etc. 5. Election Campaign Financing \$5.	00 May Be
27 Trust Fund Contribution Add City & State City & State 7. 15 this nonprofit corporation a homeowners associ	ed to Fees
28 28 No	allorif
Zip Country Zip Country B. This corporation owes or has paid the current year	r Intangible
24         25         29         30         Personal Property Tax due June 30.         Yes	-13.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
PENADO DA	
RENALDO, PAUL  82 Street Address (P.O. Box Number is Not Acceptable)  6801 EVERGREEN DR	
MIRAMAR FL 33023	<del></del>
	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 changi	og its registered
	ng no regiotal se
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	t as registered
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 change 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 agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  PAUL RENALDO  ### Company of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.	t as registered
SIGNATURE PAUL RENALDO FOR THE SIgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating)  DATE	-98
SIGNATURE PAUL RENALDO Foul Trenaldo H-G-	TORS IN 12
SIGNATURE PAUL RENALDO  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE P  Change of the control of	TORS IN 12
SIGNATURE PAUL RENALDO  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent alignature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE P  Change of the control of	TORS IN 12
SIGNATURE  PAUL RENALDO  Signature, typed or printed name of registered agent and little if applicable  (NOTE: Registered Agent alignature required when reinstalling)  DATE  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  P  MARZILIANO, JACK  STREET ADDRESS  STREET ADDRESS  P920 WN 44TH CT  1.3 STREET ADDRESS  CITY-ST-ZIP  SUNRISE FL  1.4 CITY-ST-ZIP  DAVIB FL  93325	TORS IN 12
SIGNATURE  PAUL RENALDO  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent alignature required when reinstalling)  12. OFFICERS AND DIRECTORS  TITLE  P  MARZILIANO, JACK  STREET ADDRESS  GTY-ST-ZIP  SUNRISE FL  TITLE  P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.2 NAME  SHIRLBY POPONICASBY  1.3 STREET ADDRESS  2300 S.W. 112th. AVENUE  CITY-ST-ZIP  DAVIB, FL, 33325  CITY-ST-ZIP  TITLE  P  Cha	TORS IN 12
SIGNATURE  PAUL RENALDO  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algneture required when reinstalling)  12. OFFICERS AND DIRECTORS  TITLE  P  MARZILIANO, JACK  STREET ADDRESS  CITY-ST-ZIP  SUNRISE FL  TITLE  VPO  DELETE  DELETE  1.1 TITLE  P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.2 NAME  SHIRLBY POPONICASBY  1.3 STREET ADDRESS  2300 S.W. 112th. AVENUE  1.4 CITY-ST-ZIP  DAVIE, ITL. 33325  CITY-ST-ZIP  NAME  SCLAFANI, LOUISE  DELETE  22 NAME	TORS IN 12
SIGNATURE  PAUL RENALDO  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algneture required when reinstalling)  12. OFFICERS AND DIRECTORS  TITLE  P  MARZILIANO, JACK  STREET ADDRESS  CITY-ST-ZIP  SUNRISE FL  TITLE  VPO  DELETE  DELETE  1.1 TITLE  P  SUNRISE FL  1.2 NAME  1.2 NAME  SHIRLBY POPONICASBY  1.3 STREET ADDRESS  2300 S.W. 112th. AVENUE  1.4 CITY-ST-ZIP  DAVIB. FL. 33325  CITY-ST-ZIP  NAME  SCLAFANI, LOUISE  STREET ADDRESS  P O BOX 741  DELETE  2.2 NAME  2.3 STREET ADDRESS  P O BOX 741	TORS IN 12
SIGNATURE  PAUL RENALDO  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algneture required when reinstalling)  12. OFFICERS AND DIRECTORS  TITLE  P  SIZELETE  1.1 TITLE  P  SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.2 NAME  NAME  MARZILIANO, JACK  1.2 NAME  SHIRLEY POPONI: CASBY  1.3 STREET ADDRESS  CITY-SI-ZIP  SUNRISE FL  1.4 CITY-SI-ZIP  DAVIB, ITL, 33325  CITY-SI-ZIP  Chamare  SCLAFANI, LOUISE  SIREET ADDRESS  CITY-SI-ZIP  VENICE FL  ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.2 NAME  1.2 NAME  1.2 NAME  1.4 CITY-SI-ZIP  DAVIB, ITL, 33325  CITY-SI-ZIP  Chamare  SCLAFANI, LOUISE  SIREET ADDRESS  CITY-SI-ZIP  VENICE FL  VENICE FL  CASBY  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-SI-ZIP  VENICE FL	TORS IN 12 nge
SIGNATURE  PAUL RENALDO  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algnature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  TITLE  P  AMAZILIANO, JACK  STREET ADDRESS  CITY-ST-ZIP  SUNRISE FL  TITLE  VPO  DELETE  DELETE  1.1 TITLE  P  AMAZILIANO, JACK  1.2 NAME  SHIRLBY POPONICASBY  1.3 STREET ADDRESS  2300 S.W. 112th. AVENUE  1.4 CITY-ST-ZIP  DAVIE, FL. 93325  CITY-ST-ZIP  TITLE  VPO  DELETE  SURRISE FL  DELETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  VENICE FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.2 NAME  1.2 NAME  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  VENICE FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  DAVIE  Change  Ch	TORS IN 12 nge
SIGNATURE  PAUL RENALDO  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algneture required when reinstalling)  12. OFFICERS AND DIRECTORS  TITLE  P  DELETE  1.1 TITLE  P  DELETE  1.2 NAME  SHIRLEY POPONICASEY  STREET ADDRESS  CITY-SI-ZIP  SUNRISE FL  TITLE  VPO  NAME  SCLAFANI, LOUISE  STREET ADDRESS  CITY-SI-ZIP  TITLE  VPO  DELETE  1.2 NAME  SCLAFANI, LOUISE  STREET ADDRESS  CITY-SI-ZIP  TITLE  VPO  DELETE  2.2 NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  VPO  DELETE  3.3 STREET ADDRESS  CITY-SI-ZIP  DELETE  2.4 CITY-SI-ZIP  TITLE  VPO  DELETE  3.1 TITLE  NAME  CASEY, SHIRLEY  DELETE  3.2 NAME  DELETE  3.2 NAME	TORS IN 12 nge
SIGNATURE  PAUL RENALDO  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algneture required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  TITLE  P  DELETE  1.1 TITLE  P  DELETE  1.2 NAME  SHIRLBY POPONI'CASBY  STREET ADDRESS  CITY-SI-ZIP  SUNRISE FL  TITLE  VPO  DELETE  1.4 CITY-SI-ZIP  DELETE  1.4 CITY-SI-ZIP  DAVIE, FL. 93325  CITY-SI-ZIP  TITLE  VPO  DELETE  SURRISE FL  DELETE  2.2 NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  VPO  DELETE  SURRISE FL  DELETE  2.2 NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  VPO  DELETE  3.1 TITLE  NAME  CASEY, SHIRLEY  STREET ADDRESS  2.3 STREET ADDRESS  2.4 CITY-SI-ZIP  TITLE  VPO  STREET ADDRESS  2.3 STREET ADDRESS  2.4 CITY-SI-ZIP  TITLE  STREET ADDRESS  3.3 STREET ADDRESS	TORS IN 12 nge
SIGNATURE  PAUL RENALDO Signature, typed or printed name of registered agent and title if applicable  (NOTE Registered Agent algorited when reinstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  P  MARZILIANO, JACK  STREET ADDRESS  CITY-ST-ZIP  SUNRISE FL  TITLE  VPO  DELETE  DELETE  DELETE  DELETE  1.1 TITLE  P  MARZILIANO, JACK  1.2 NAME  SHIRLBY POPONI: CASBY  1.3 STREET ADDRESS  2300 S.W. 112th. AVENUE  1.4 CITY-ST-ZIP  DAVIB, FL, 33325  CITY-ST-ZIP  TITLE  VPO  DELETE  2.1 TITLE  VPO  DELETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPO  CASEY, SHIRLBY  DELETE  3.1 TITLE  DAVIB, FL, 33325  CITY-ST-ZIP  TITLE  VPO  SOLAFANI, LOUISE  1.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  VPO  CASEY, SHIRLEY  STREET ADDRESS  CITY-ST-ZIP  DAVIE FL  Cha  Cha  STREET ADDRESS  CITY-ST-ZIP  DAVIE FL  A  3.3 STREET ADDRESS  CITY-ST-ZIP  DAVIE FL  A  3.4 CITY-ST-ZIP  DAVIE FL  A  3.5 STREET ADDRESS  3.5 STREET ADDRESS  3.6 CITY-ST-ZIP  DAVIE FL  A  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.5 TITLE  P  Cha  Cha  Cha  Cha  Cha  Cha  Cha	TORS IN 12  nge
SIGNATURE  PAUL RENALDO Signature, typod or printed name of registered agent and title if applicable  (NOTE: Registered Agent algonature required when reinstaling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  P	TORS IN 12  nge
SIGNATURE  PAUL RENALDO Signature, typod or printed name of registered agent and title if applicable  OFFICERS AND DIRECTORS  TITLE P MARZILIANO, JACK STREET ADDRESS STREET ADDRESS SUNRISE FL TITLE VPD TITLE TITLE TITLE TITLE SD TITLE	TORS IN 12  nge
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SIGNATURE  PAUL RENALDO  Signature, typed or private name of regulatered agent and title if applicable  T2.  OFFICERS AND DIRECTORS  TITLE  MARZILIANO, JACK  STREET ADDRESS  SUNRISE FL  TITLE  VPD  NAME  SCLAFANI, LOUISE  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  NAME  SCLAFANI, LOUISE  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  24 CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  4.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  4.1 TITLE  Cha  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  4.1 TITLE  Cha  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  4.1 TITLE  Cha  STREET ADDRESS  STREET AD	TORS IN 12  Inge
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SIGNATURE  PAUL RENALDO  Signature, typed or private name of regulatered agent and title if applicable  T2.  OFFICERS AND DIRECTORS  TITLE  MARZILIANO, JACK  STREET ADDRESS  SUNRISE FL  TITLE  VPD  NAME  SCLAFANI, LOUISE  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  NAME  SCLAFANI, LOUISE  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  24 CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  4.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  4.1 TITLE  Cha  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  4.1 TITLE  Cha  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  4.1 TITLE  Cha  STREET ADDRESS  STREET AD	TORS IN 12  nge

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.

SIGNATURE:

PAUL RENaldo

Pail Renaldo 4-6-98

305-812-7300

**FILED** 

May 01 1998 8:00am

Secretary of State