NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

REC

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

1470 NE 123RD ST.

757213

(4)

Mailing Address 1470 NE 123RD ST.

GREENWICH ASSOCIATION, INC.

NORTH MIAMI FL 33161		NORTH MIAMI FL 33161-6033				3. Date Incorporated or Qualified	3a. Date of L	ast Report	
						05/21/1981	L	3/1996	
·····	ace of Business	2a. Mailing Address				4. FEI Number 59-2094391	<u> </u>	Applied For	
21	#	26				36 2094391		Not Applicable	
Suite, Apt. +	F, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional se Required	
City & State		City & State			,,,		<del></del>		
<b>一</b> ,	•					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
<b>23</b> Zip	Country		- Co	ountry		······		ided to Fees	
24	25	29	30	,		8. This corporation has liability for in Florida Statutes	tangible tax un Yes \bigcirc \	der s. 199.032,	
24	9. Name and Address of Curre		[30]	т-		10. Name and Address of New Reg			
				81	Name				
DCI-DEVELOPEMENT CONSULTANTS INC									
2901 SIMMS STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33020				83	<del></del>				
HOLLTW	00D FL 33020								
				84	City		FL 85	Zip Code	
11. Pursuant t office or re agent. I ar	o the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obliq	02 and 617.1508, Florida Sta e of Florida. Such change wa gations of, Section 617.0503,	atutes, the a as authoriz Florida Sta	above ed by alutes	named of the corpo	corporation submits this statement for the publication's board of directors. I hereby accept	rpose of chang the appointme	ing Its registered nt as registered	
SIGNATURE						-			
-	Signature, typed or printed name of registered ac		· · · · · · · · · · · · · · · · · · ·		nt signature r	equired when reinstating)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE			
TITLE	DP	DELETE		TITLE	•	<del></del>	☐ Ch	ange Addition	
NAME	HARVEY, HOLLY	. O. 10		NAME		GARY MCVAY			
STREET ADDRESS	1470 NE 123 STREET SUITE	: PH9			ADDRESS	1470 NE 123 STREET SUI	TE PH-/		
CITY-ST-ZIP	NORTH MIAMI FL		· · · · · · · · · · · · · · · · · · ·	CITY-S	T-ZIP	NORTH MIAMI, FL 33161		and Carathin	
TITLE	DS STANDARD	DELETE	1	TITLE		DVP	∐ Ch	ange   Addition	
NAME	RAYMOND, DIANNA		1	NAME		JEFF GONZALEZ			
STREET ADDRESS	1470 NE 123 STREET SUITE	: 401	2.3	STREET	ADDRESS	1470 NE 123 STREET SUI	TB 114		
CITY-ST-ZIP	NORTH MIAMI FL			CITY-S	T-ZIP	NORTH MIAMI, FL 33161			
TITLE	DVP	☐ DELETE		TITLE		DT	Ch	ange	
NAME	SOLOMAN, CHARLES			NAME		SCOTT ROTH		*	
STREET ADDRESS	1470 NE 123 STREET SUITE	: 1201	3.3	STREET	ADDRESS	1470 NE 123 STREET SUI	TE 701		
CITY-ST-ZIP	NORTH MIAMI FL			CITY-S	T-ZIP	NORTH MIAMI, FL 33161		····	
TITLE	OT	X DELETE		TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Ch	ange 🔲 Addition	
NAME	MCVAY, GARY		4.2	NAME		DS SHAUN SOMMERER			
STREET ADDRESS	1470 NE 123 STREET PH7		4.3	STREET	ADDRESS	1470 NE 123 STREET SUI	TE 1105		
CITY-ST-ZIP	NORTH MIAMI FL		4.4	CITY-S	T-ZIP	NORTH MIAMI, FL 33161			
TITLE	D	DELETE	5.1	TITLE		D	☐ Ch	ange 🔲 Addition	
NAME	BAIR, REBIE		5.2	NAME		ALSTON BAIR			
STREET ADDRESS	1470 NE 123 STREET SUITE	316	5.3	STREET	ADDRESS	1470 NE 123 STREET SUI	TE 316		
CITY-ST-ZIP	NORTH MIAMI FL		5.4	CITY-S	T- <b>Z</b> IP	NORTH MIAMI, FL 33161		<u> </u>	
TITLE	D	🙀 DELETE	6.1	TITLE		D-PETER GALLO	☐ Ch	ange	
NAME	LEVY, BRUCE	<del></del>	6.2	NAME		1470 NE 123 STREET SUI	TR 1415	•	
STREET ADDRESS	1470 NE 123 STREET SUITE	916	6.3	STREET	ADDRESS	NODTH WIAMT DI 99161		1	

6.4 CITY - ST-ZIP 14. I do 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

SIGNATURE:

appears in Block 12 or Block

CITY-ST-ZIP

NORTH MIAMI FL

NORTH MIAMI, FL 33161

305-740-8557 Daytime Phone # 0031746

**FILED** 

Feb 18 1997 8:00am

Secretary of State