

**FILE NOW: FILING FEE IS \$61.25**

**APPROVED  
AND  
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**97 MAR 20 PM 12: 56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 758279 (4)**

**1. Corporation Name**  
**THE RESIDENCES AT SLOAN'S CURVE, INC.**  
**SLOAN'S**



**Principal Place of Business**      **Mailing Address**  
18 SLOAN'S CURVE DR      18 SLOAN'S CURVE DR  
PALM BCH FL 33480      PALM BCH FL 33480-5215  
US      US

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
10/30/1981      04/12/1996

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
21		25		59-2129637		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		<b>6. Election Campaign Financing</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>Trust Fund Contribution</b>		<input type="checkbox"/>	
23		28		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

**9. Name and Address of Current Registered Agent**  
**CHARLES, EDGAR W**  
3300 PGA BLVD SUITE 500  
PALM BEACH GARDENS FL 33410

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	FL
<b>85</b> 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**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	LEVENTHAL, NORMAN	
<b>STREET ADDRESS</b>	12 SLOAN'S CURVE DR.	
<b>CITY - ST - ZIP</b>	PALM BCH, FL 00000	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	GREENBERG, NATHAN	
<b>STREET ADDRESS</b>	19 SLOAN'S CURVE DRIVE	
<b>CITY - ST - ZIP</b>	PALM BEACH FL	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	GREENBERG, NATHAN	
<b>STREET ADDRESS</b>	19 SLOAN'S CURVE DR	
<b>CITY - ST - ZIP</b>	PALM BCH, FL 00000	
<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	HOROWITZ, KENNETH	
<b>STREET ADDRESS</b>	23 SLOAN'S CURVE DR	
<b>CITY - ST - ZIP</b>	PALM BCH, FL 00000	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	BORNSTEIN, SANDY	
<b>STREET ADDRESS</b>	2 SLOAN'S CURVE DRIVE	
<b>CITY - ST - ZIP</b>	PALM BEACH FL	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2 NAME</b>	RICHARD BORNSTEIN	
<b>1.3 STREET ADDRESS</b>	2 SLOAN'S CURVE DRIVE	
<b>1.4 CITY - ST - ZIP</b>	PALM BEACH FL 33480	
<b>2.1 TITLE</b>	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2 NAME</b>	HENLY FOSTER	
<b>2.3 STREET ADDRESS</b>	6 SLOAN'S CURVE DRIVE	
<b>2.4 CITY - ST - ZIP</b>	PALM BEACH FL 33480	
<b>3.1 TITLE</b>	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	NATHAN GREENBERG	
<b>3.3 STREET ADDRESS</b>	19 SLOAN'S CURVE DRIVE	
<b>3.4 CITY - ST - ZIP</b>	PALM BEACH FL 33480	
<b>4.1 TITLE</b>	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2 NAME</b>	MARSHALL SLOANE	
<b>4.3 STREET ADDRESS</b>	17 SLOAN'S CURVE DRIVE	
<b>4.4 CITY - ST - ZIP</b>	PALM BEACH FL 33480	
<b>5.1 TITLE</b>	b	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	NORMAN LEVENTHAL	
<b>5.3 STREET ADDRESS</b>	12 SLOAN'S CURVE DRIVE	
<b>5.4 CITY - ST - ZIP</b>	PALM BEACH FL 33480	
<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY - ST - ZIP</b>		

**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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *Richard Bornstein*      **RICHARD BORNSTEIN**      **561-582-1203**

CR2E037 (9/96)