FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:20

DOCUMENT # N09286 (8)

1. Corporation Name
RESIDENTIAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1489 S. UNIVERSITY DRIVE PLANTATION FL 33324-1017	1489 S. UNIVERSITY DRIVE PLANTATION FL 33324-1017

3. Date Incorporated or Qualified: 05/14/1985
3a. Date of Last Report: 08/23/1994
4. FEI Number: 59-2534130 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

OJITO, TERE
20081 N.W. 5 STREET
PEMBROKES PINES FL 33029

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ALLER, SAM	12 NAME		
STREET ADDRESS	2040 NE 182 ST	13 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BRZOZA, JOSEPH,	22 NAME		
STREET ADDRESS	627 HICKORY ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	JAVALLANA, TY	32 NAME		
STREET ADDRESS	543 S. CRESCENT DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	KERZNER, MICHAEL DPM	42 NAME		
STREET ADDRESS	893 N.E. 125 ST.	43 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PITTLER, ALLEN (Delete)	52 NAME		
STREET ADDRESS	3101 S.W. 87 WAY	53 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33023	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE		☐ Change ☐ Addition
NAME	MESTEL, ART	62 NAME		
STREET ADDRESS	3350 NE 192 ST	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33180	64 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. 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: Sam Aller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010467