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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandrø B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(3)

	e of Business	Y OWNERS A	Ma 311	CIATION, INC.				-							
PALM BEACH F	EL 33480-4111		PAL	LM BEACH FL 33480-41	11			3. Da	ate Incorporate 08/18/19	ed or Qualifi	ed 3	la. Dat	e of Last)4/18/19	Report	
2. Principal Place of Business			2a. Mailing Address					4. FE	4. FEI Number Applied Fo						
21			26						59-19829	1/4				lot Applicab	le
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Ce	5. Certificate of Status Desired Fee Regulred							
City & State	е			City & State			· ···· ·	6. E	ection Campa	gn Financin	9		\$5.00	May Be	
23			28					Tr	ust Fund Cont	ribution]	Added	to Fees	
Zip	L Co	untry		Zip		untry		8. Th	nis corporation	has liability				s. 199.032,	
24	25		29		30				orida Statutes		U Ye		No		_
	9. Name and Ad	ddress of Current	Regist	tered Agent		81	N	10. N	ame and Add	ress of Nev	/ Hegist	ered A	gent		
				•		81	Name								
PRICE, AILENE W.						82	Street Add	ress (P.O.	. Box Number	is Not Acce	ptable)				_
311 COCOANUT ROW															
APT. #1						83									
PALM BI	EACH FL 33480					84	City						85 Zip	Code	\dashv
							-					FL	<u> </u>		ᆜ
11. Pursuant I office or re	to the provisions of egistered agent, or	Sections 617.0502 both, in the State o	and 61 f Floric	17.1508, Florida Statu da. Such change was	les, the a authoriza	ed by	e-named corpora	rporation s ation's boa	submits this sta and of directors	atement for t s. I hereby a	the purp accept th	ose of 16 abdo	changing sintment a	its registere s realstered	o
age∩t. I a	m familiar with, and	accept the obligati	ions of	, Section 617.0503, FI	orida Sta	atutes).								
SIGNATURE _															_
Į .	Signature, typed or printed	thems of registered enant													
40							nt signature requi	ired when rein		NOTO TO O		DATE C. AND	DIDECTO	DC IN 10	ᆛᇶ
12.		OFFICERS AND		CTORS	13		nt signature requi		nstating) DITIONS/CHA	NGES TO O					
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6.4 CITY- 51-2IP

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:

Match: 1997

**Match:

SIGNATURE:

March 4 1997
Devime Phone * 0039481

FILED

Mar 07 1997 8:00am

Secretary of State