FILE NOW: FILING FEE IS $61.25

• NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N39014** **(8)**

1. Corporation Name

DAYTOP VILLAGE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
54 WEST 40TH STREET LEGAL DEPARTMENT NEW YORK NY 10018	54 WEST 40TH STREET LEGAL DEPARTMENT NEW YORK NY 10018

3. Date Incorporated or Qualified: **07/05/1990**

3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

Country — 25:

Zip — 29:

Country — 30:

4. FEI Number: **59-3172948** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRUMBULL, WILLIAM ESQ.
501 E. KENNEDY BLVD.
TAMPA FL 33602

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 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 _____ 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	VP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MADDEN, BRIAN		12 NAME		
STREET ADDRESS	54 WEST 40 ST		13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DEVLIN, CHARLES		22 NAME		
STREET ADDRESS	54 WEST 40 ST		23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, LAWRENCE E		32 NAME		
STREET ADDRESS	3410 W HILLSBOROUGH AVE		33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	FISHER, FREDERICK		42 NAME		
STREET ADDRESS	1814 HAMMOCK BLVD		43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	WHITFIELD PALMER, JR.		52 NAME		
STREET ADDRESS	3080 SW 53RD		53 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		54 CITY-ST-ZIP		
TITLE	P	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	MONSIGNOR, WILLIAM B.		62 NAME		
STREET ADDRESS	54 W 40TH ST.		63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		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: _____ February 6, 1996 (212) 354-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Brian J. Madden Executive Vice President

CR2E037 (12/95)