NNUAL	ORPORATION NUAL REPORT		FLORIDA DEPARTMEI Sandra B. Mo Secretary of DIVISION OF CORF	:NT OF STATE ortham State			Pq.1	g a
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		EVOLENT ASSOC	CIATION, INC.					
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N A1A-GUITE 100A PITER FL 30477			725 N-A1A BUITE 108A JUDITER FL 83477	į.			-	
EN TE SONT	F *		₩8 -		3. Date Incorpora 04/23/1	ated or Qualified	3a. Date of Las 07/07/	1995
icipal Place o	of Business		a. Mailino Address C / O	DIL 20	4. FEI Number 65-032			Applied For Not Applicable
00 Oce	ean Trai	1 Way#708 ₂₆	Cuita Ant # alc		- 0 15-11-16			5 Additional Required
708		27	City & State		6. Election Camp	paign Financing	\$5.	00 May Be
& State Jupit	ter, F1	28	Tuntter F	Country	Trust Fund Co	ion has liability for in	tangible tax under	s. 199.032,
33477	Cou P	alm Beach		Country Bea	ch Florida Statut		JYes ∐No	
	9. Name and Ad	dress of Current Reg	istered Agent	81 Name	CHARLES L.			
	N TRAIL WAY			83 Jupi	Ocean Trai			Zip Code 3 3 4 7 7
JNIT 411 IUPITER FI	L 33477			84 City	up T ጥ T D		FL	334//
IUPITER F		Sections 617.0502 and r	617.1508, Florida Statutes, t		UPITER, rporation submits this st	atement for the purp eby accept the appo	-f -b-s-sino it	a registered offi
UPITER F	the provisions of S I agent, or both, in and accept the ol	bligations of, Section 61	617.1508, Florida Statutes, t uch change was authorized b 17.0503, Florida Statutes.				pose of changing it bintment as register rch 16,	ts registered offi red agent. I am
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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

ENT # N48523 Addenda Sheet
Our Board consists of 8
OCEAN TRAIL VI BENEVOLENT ASSOCIATION

c/o CHARLES L. DULZO

Principal Place of Business

Mailing Address

400a Ocean Trail Way #708 Jupiter, Florida 33477

Same

											3 Date to	-		
Principal Place of Business 2a. Mailing Address										3. Date Incorporated or Qualified 4/23/1992		Date of Last Report 7/7/95		
21				⊢	2a. Mailing Address						4. FEI Number		$-\Gamma$	Applied For
	Suite, Apt. #, etc.			2	26									Not Applicable
22				-	Suite, Apt. #, etc.						5. Certificate of Status Desired	-	\$8.	75 Additional
City & State			. 2	27						Commeate of Status Desired			ee Required	
23			<u> </u>	City & State					İ	6. Election Campaign Financing		\$5	.00 May Be	
Zip		Γ_	Country	2							Trust Fund Contribution			ded to Fees
24				Country				8. This corporation has liability for int	angible ta					
24 25 29 9. Name and Address of Current Registered Agent						30	,—			Florida Statutes	Yes 🔲	No	, , , , , ,	
			Addition of Coll	elit net	Jistei	eu Agent					10. Name and Address of New Re	gistered #	gent	
_								81	Name	C	HARLES L DULZO			
						82 Strann Ion			More	Ocean Traileway 4708010)				
								_	400	, OC	ear frair way 4700			
•							ſ	83						
							ŀ	84	City					
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71. Pursuant 1 or register	to the provision	ons c both	of Sections 617.05	02 and 6	317.1	508, Florida Statute:	s, the abo	ve-r	named co		*		1 I	s registered office
familiar wit	th, and accer	1 1/1	obligations of, Se	otiga 61	Z.050	iange was authorize 03, Florida Statutes.	d by the c	orp	oration's I	ooard o	on submits this statement for the purport of directors. I hereby accept the appoin	tment as r	egister	ed agent. I am
SIGNATURE	V" C	ha	weed of		رمه (ha								
	Signature, typed o	or print	ed name of registered age			[NOT]	Registered.	Agen	nt signature re	gured wh	len reinstatnigt	DATE		
12.			OFFICERS A	ND DIRE	CTC	RS	13.				ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12
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NAME							1.2 NA	ME		SOI	RES, GLENN		4 0.10.19	,
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CITY-ST-ZIP							14 CH	Y-ST	T-ZIP	TOT	TER FL	LΤ		
TOLE						DELETE	2 1 TiTI			D	TER, TL		Change	e Addition
NAME							2.2 NAI	ME		_	DED DAYS W	_	j oriangt	, LJ Addition
STREET ADDRESS							2.3 STB	REFT	ADDRESS	MAT	BER, PAUL, Esq.			
CITY-ST-ZIP							2 4 CI		i	400	OCEAN TRÁIL WAY, #	1401		
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NAME						_	32 NAM] Change	Addition
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TITLE						DELETE	4.4 CITY	_	- ZIP					
NAME						L_] VLCC /E	5.1 TITL						Change	Addition
STREET ADDRESS							5.2 NAM							
CITY-ST-ZIP							53 STAE							
TITLE						Donette	5.4 CiTY		- ZIP					
NAME						DELETE	6 1 TITLE	-			**		Change	Addition
							62 NAM	Œ						
STREET ADORESS							6 3 STAE	IA T3	DDRESS					
CITY-ST-ZIP	cordify that the	o inf	acarakan a	781 - 81 -	400		6.4 City	- \$1-	ZIP					ł
certify that t	be informatio	in ind	ormation supplied licated on this anni	with this ual renoi	filing	is voluntarily furnish	ed and do	oes i	not qualify	for the	e exemption stated in Section 119.07(3	(k), Florid	a Statu	ites Lifurther

oath, that I am an officer or dipector of the corporation or the receiper by trustee empowered to execute this report as required by Chapter 6114, Florida Statutes, I write and under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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