

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 # N48523 (7)

1. Corporation Name

OCEAN TRAIL VI BENEVOLENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

725 N-A1A SUITE 108A
JUPITER FL 33477
US

725 N-A1A SUITE 108A
JUPITER FL 33477
US

3. Date Incorporated or Qualified

04/23/1992

3a. Date of Last Report

07/07/1995

4. FEI Number

65-0326814

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address c/o

21 400 Ocean Trail Way #708

26 CHARLES L. DULZO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 708

27 400 Ocean Tr Way #708

City & State

City & State

23 Jupiter, Fl

28 Jupiter, Fl

Zip

Country

Palm Beach

Zip

Country

Palm Beach

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SQUIRES, GLENN
500 OCEAN TRAIL WAY
UNIT 411
JUPITER FL 33477

81 Name

CHARLES L. DULZO

82 Street Address (P.O. Box Number is Not Acceptable)
400 Ocean Trail Way #708

83 Jupiter, Fla

84 City

JUPITER,

FL

85 Zip Code
33477

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

CHARLES L. DULZO

March 16, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALEVIZOS, JOHN P
STREET ADDRESS 400 OCEAN TRAIL WAY, #810
CITY-ST-ZIP JUPITER FL

TITLE VSD
NAME SQUIRES, GLENN
STREET ADDRESS 500 OCEAN TRAIL WAY, #111
CITY-ST-ZIP JUPITER FL

TITLE V
NAME GOULD, LOREN
STREET ADDRESS 500 OCEAN TRAIL WAY, #608
CITY-ST-ZIP JUPITER FL

TITLE TD
NAME BROWN, RONALD
STREET ADDRESS 400 OCEAN TRAIL WAY, #607
CITY-ST-ZIP JUPITER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1stVD
ALEVIZOS, MARCIA S
400 OCEAN TRAIL WAY, #810
JUPITER FL

D

2ndVD 200001808812
-05/06/96--01030--004
***69.50

STD Escrow/Regist. Agent Agent

CHARLES L. DULZO-400 Ocean Tr. W. #708
JUPITER, FLA. 33477

D
HUTTON, ROY, Esq.
300 OCEAN TRAIL WAY, #1409
JUPITER, FL

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:

John P. Alevizos

JOHN P. ALEVIZOS

5-24-96

Date


Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

FILE NOW: FILING FEE IS \$61.25

pp. 2 & 2

NONPROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N48523 Addenda Sheet 1. Corporation Name OCEAN TRAIL VI BENEVOLENT ASSOCIATION c/o CHARLES L. DULZO			
Principal Place of Business 400 Ocean Trail Way #708 Jupiter, Florida 33477		Mailing Address Same	
2. Principal Place of Business		3. Date Incorporated or Qualified 4/23/1992	
2a. Mailing Address		3a. Date of Last Report 7/7/95	
21. Suite, Apt. #, etc.		4. FEI Number	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		29. Zip	
26. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. Name CHARLES L DULZO		82. Street Address (P.O. Box Numbers Not Applicable) 400 Ocean Trail Way #708	
83. City		84. City Jupiter	
85. Zip Code 33477		86. State FL	
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 <i>Charles L Dulzo</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE		1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		1.2 NAME SQUIRES, GLENN	
1.3 STREET ADDRESS		1.3 STREET ADDRESS 500 OCEAN TRAIL WAY #111	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP JUPITER, FL	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME FARBER, PAUL, Esq.	
2.3 STREET ADDRESS		2.3 STREET ADDRESS 400 OCEAN TRAIL WAY, #1401	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP JUPITER, FL	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 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: <i>John Alvarez</i> 5-21-96 (407) 575-4030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (12/95)