FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N48523

(7)

OCEAN TRAIL VI BENEVOLENT ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address						- L INCOLLEGE DEL DEDEN FRANKO FRANDO HELL BEINE DEDEN DELLE BEINE BEINE BEINE BEINE BEINE BEINE BEINE BEINE B								
400 OCEAN TRAIL WAY			C/O CHARLES L. DULZO													
#708			400 OCEAN TRAIL WAY #708													
JUPITER FL 33477			JUPITER FL 33477-5526					3 Date	Incorporat	ed or Ous	alified	30 D	ate of Last	Popo	ri	
U\$									5 . Daily	04/23/19	92	amou		05/01/1		
2. Principal Place of Business			2a. Mailing Address						4. FEI Number				17	pplie	d For	
21			26					65-0326814 No					Not Ap	plicable		
Suite, Apt. #, etc			Suite, Apt. #, etc.						5 Cert	ificate of St	atus Deelr	red		\$8.75	Add	tional
22			27					0. 001	inicate or st	atus Desii		<u></u>	Fee f	Requir	red	
City & State			City & State					6. Election Campaign Financing \$5.00 May								
Zip Country			Zip Country					Trust Fund Contribution Added to Fees								
24	25			29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No								
<u></u>	egistered Agent						10. Name and Address of New Registered Agent									
						81	Nam	ne							****	
DULZO, CHARLES L.						02	Ctro	A Address (D.O. Davidson Aller Anna Anna Anna Anna Anna Anna Anna Ann								
400 OCEAN TRAIL WAY			62 Stre				et Addres	Address (P.O. Box Number is Not Acceptable)								
#708						B3								······································		
Jupiter FL 33477						64	City						85 Zip Code			
						04	City						FL	85 Zir	Coa	е
11. Pursuant !	to the provisions of Sect egistered agent, or both	tions 617.0502 a	and 617.150	8, Florida Statu	ites, the	e above	name	ed corpo	ration sub	mits this st	atement fo	or the pu	rpose ol	changing	its re	gistered
agent. I a	m familiar with, and acc	ept the obligation	ons of, Sect	ion 617.0503, F	lorida S	Statutes	rine c S.	orporatio	n s board	of directors	s. i nereby	у ассерт	tne app	ointment a	s reg	stered
SIGNATURE																
	Signature, typed or printed name						ni signa	berluper arul	when reinsta				DATE			
12.	PD	FFICERS AND I	DIRECTORS	DELETE		3.			ADDI	TIONS/CHA	NGES TO	OFFICE	RS AND			
NAME	ALEVIZOS, JOHN	D		DECE IE		.1 TITLE								Change	i	. Addition
STREET ADDRESS	400 OCEAN TRAIL					.2 NAME .3 Street	*DODEC									
CITY-ST-ZIP	JUPITER FL	. 11/11, #010			1			"								
TITLE	VD			DELETE		<u>a City-s</u> .1 title	1-21	+						Change		Addition
NAME	ALEVIZOS, MARCI	AS				2 NAME								C' O' D' IN INC		2 71001(1011
STREET ADDRESS	400 OCEAN TRAIL					3 STREET	ADDRES	s				18.5				
CITY-ST-ZIP	JUPITER FL				4	. 4 CITY-5		<u> </u>				*				
TITLE	٧			☐ DELETE	_	1 TITLE		<u> </u>						☐ Change		Addition
NAME	GOULD, LOREN				3	2 NAME		1								
STREET ADDRESS	500 OCEAN TRAIL	. WAY, #608			3	3 STREET	ADDRES	s								
CITY-ST-ZIP	JUPITER FL				3	4. CITY-5	T-ZIP	Ì								
TITLE	TD			DELETE		1 TITLE		Ī					,	☐ Change	L	Addition
NAME	BROWN, RONALD				4.	2 NAME										
STREET ADDRESS	400 OCEAN TRAIL	. WAY, #607			4.	.3 STAEET	ADDRES	s								
CITY-ST-ZIP	JUPITER FL				4.	4 CITY-S	T- ZIP					1				
TITLE				☐ DELETE	5.	.1 TITLE		D						☐ Change	X	Addition
NAME					5.	2 NAME		-	וארציידי	DAV	Pec					
STREET ADDRESS					5.	.3 STAEET	ADDRES	S 710	U OCE	ROY,	ESQ.	V 44	1400	ा. विकास	TH'S	gree .
GITY-ST-ZIP				DE: EVE		4 CITY-S	T-21P		O OCE	AN TRA	TT MA	π, π	1409-			·
TITLE				☐ DELETE		.1 TITLE		D						☐ Change	X	Addition
NAME						2 NAME		FA	RBER,	PAUL						
STREET ADDRESS						.3 STREET		s 401	O_OCE	AN TRA		Y, #1	401			
CITY-ST-ZIP	by certify that the inform	ation eupplied	ith this fille.	n does not avel		4 CITY - S			PITER	. FL 3	3477	-		nordifical-	t tha	
information	n indicated on this annu	ual report or sup	olemental a	innual report is:	true an	id accu	ırate a	nd that m	nv sionatu	ra shall hay	e the sec	ne lenal e	affact ac	: If mečle u	nder (oath; that
appears ir	ficer or director of the on Block 12 or Block 13,i	orporation or th fohanged, or or	e receiver d n an attachr	ii trustee empoi nent with an ad	werea 1 Idress.	IO 6X6C	ute thi	s report a	as require	o by Chapt	er 617, Fl	iorida Sta	itutes; a	nd that my	name (5)	51)
		1 1	11	// /								_			(0)	~~,

SIGNATURE:

JOHN P. ALEVIZOS, P.D. - 1-19-97

FILED

Jan 31 1997 8:00am

Secretary of State