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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N93000002830 (8) DOCUMENT #

1. Corporation Name

## NORTHWEST COMMUNITY CIVIC ASSOCIATION, INCORPORA

## **FILED** Apr 24 1996 8:00 am Secretary of State

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						1881(184 BFB (BFB) MIN BOND DON			
rincipal Place of	Business	Mailing Addres	S						
750 N.W. 8TH /	AVE.	750 N.W. 8TH							
HALLANDALE FL 33009		HALLANDALE	HALLANDALE FL 33009				130 0	ate of Last	Remort
						3. Date Incorporated or Qualified 06/23/1993	3a. L	05/01/	
		1				4. FEI Number			Applied For
Principal Place of Business		2a. Mailing Address			65-0487085 Not Applicable				
		Suite, Apt	# etc			1 Charles Decired	רשו		5 Additional
Suite, Apt. #,	etc.	<del></del>	w, etc.			5. Certificate of Status Desired	<b>EX</b> 3	Fee	Required
		City & Stat	e			6. Election Campaign Financing		\$5.0	<b>)0</b> May Be
City & State		28				Trust Fund Contribution			ed to Fees
<u> </u>	Country	Zip		Countr	y	8. This corporation has liability fo	r intangible	tax under :	s. 199.032,
Zip n	<u>├</u> ─┐ .	29		30		Florida Statutes	∐ Yes L	I No	
·	25 9. Name and Address of Curren		nt .			10. Name and Address of New	Registere	Agent	
	g, Hamo und Hadisəs			81	Name				
1114 AL PE 1	OTOM MADV C			9.	Street A	ddress (P.O. Box Number is Not Accept	able)		
	GTON, MARY G.			] 6					
700 N.W.				8	3				
HALLANL	DALE FL 33009			8	4 City			85	Zip Code
					1 1		F		
1. Pursuant to	o the provisions of Sections 617.0502	2 and 617,1508, FK ida. Such chance W	orida Statute: as authorize	s, the above id by the co	rporation's b	poration submits this statement for the popular of directors. I hereby accept the appropriate the property of	pointment	as register	ed agent. i arri
or registere familiar with	ed agent, or both, in the State of Floh h, and accept the obligations of, Sec	tion 617.0503, Flori	da Statutes.						
						quired when reinstating)	DATE		
SIGNATURE _	Signature, typed or printed name of registered agen	nt and title if applicable	(NO1	13.	geni signature re	ADDITIONS/CHANGES TO C	FFICERS A	ND DIREC	TORS IN 12
12.	OFFICERS AN	VD DIRECTORS							
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	D	X	DELETE	1.1 TITU	`		-		e ∐ Addilio
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I do hereby certify that the information supplied with this hing is voluntally furnished and accurate and that my signature shall have the same legal effect as if made under 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 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 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 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 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 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 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 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 certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under cert

SIGNATURE:

Mary Greshing for Signing OFFICER OR DIRECTOR

Mary G. Washington

4/11/96

457-1461