## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000004206 (9)

RONALD M. STENGEL, P.A.

Mailing Address Principal Place of Business 7870 TENNYSON COURT 7870 TENNYSON COURT 3. Date Incorporated or Qualified **BOCA RATON FL 33433 BOCA RATON FL 33433** 09/15/1993 4. FEI Number Applied For 65-0436646 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Added to Fees Trust Fund Contribution 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 Yes 28 8. This corporation owes or has paid the current for Intangible Personal Property Tax due June 30. Zip Country Zip Country 30 24 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name STENGEL, RONALD M 82 Street Address (P.O. Box Number is Not Acceptable) 7870 TENNYSON CT 83 **BOCA RATON FL 33433 B4** City Zip Code 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 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 appet the options of Section 617.0503, Florida Statutes. PRESIDENT SIGNATURE ered Agent signature required when reinstating) MALLM . THEFTICED AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE PDD 1.1 TITLE STENGEL, RONALD M 1.2 NAME NAME 7870 TENNYSON CT. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP **VPD** DELETE 21 TITLE Change Addition TITLE NAME STENGEL, LEONARD 2.2 NAME STREET ADDRESS 7870 TENNYSON CT. 2.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 2. 4 CITY-ST-ZIP Change Addition DELETE TITLE VPDD 3.1 TITLE STENGEL, GLORIA 3.2 NAME 7870 TENNYSON CT. STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY - ST- ZIP Change ☐ Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change ■ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of on an attachment with an address.

SIGNATURE:

FILED Feb 05 1998 8:00am Secretary of State

