

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 # **N95000004790 (0)**

1. Corporation Name
MANGROVE WALK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business: **752 RIDER ROAD BOYNTON BEACH FL 33435**
Mailing Address: **752 RIDER ROAD BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified: **10/10/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **650 NE 8 Ave**
22 Suite, Apt. #, etc.
23 **BOYNTON BCH, FL**
24 **33435** 25 **USA**
26 **647 NE 8 Ave**
27 Suite, Apt. #, etc.
28 **BOYNTON BCH, FL**
29 **33435** 30 **USA**

4. FEI Number: **65-0627719**
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent
**TORNELLO, DEBORAH
752 RIDER ROAD
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent
81 Name: **KONASH, ANASTASIA M.**
82 Street Address (P.O. Box Number is Not Acceptable): **647 NE 8 AVENUE**
83
84 City: **BOYNTON BEACH** 85 Zip Code: **FL 33435**

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: *Anastasia M. Konash* (ANASTASIA M. KONASH) DATE: **8-2-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE: D	NAME: TORNELLO, DEBORAH	1.1 TITLE: D/PRESIDENT	1.2 NAME: NEWIE (DENAHAM)
STREET ADDRESS: 752 RIDER ROAD	CITY-ST-ZIP: BOYNTON BEACH FL 33435	1.3 STREET ADDRESS: 650 NE 8 AVE	1.4 CITY-ST-ZIP: BOYNTON BCH, FL 33435
TITLE: D	NAME: PARKS, JULIE	2.1 TITLE: D/SECY-TREASURER	2.2 NAME: ANASTASIA M. KONASH
STREET ADDRESS: 752 RIDER ROAD	CITY-ST-ZIP: BOYNTON BEACH FL 33435	2.3 STREET ADDRESS: 647 NE 8 AVE	2.4 CITY-ST-ZIP: BOYNTON BCH, FL 33435
TITLE: D	NAME: CHANDLER, LAWRENCE	3.1 TITLE: D	3.2 NAME: CHANDLER, LAWRENCE
STREET ADDRESS: 752 RIDER ROAD	CITY-ST-ZIP: BOYNTON BEACH FL 33435	3.3 STREET ADDRESS: NE 7 STREET	3.4 CITY-ST-ZIP: BOYNTON BEACH, FL 33435
TITLE: D	NAME: DARST, JAMES	4.1 TITLE: D/(VICE PRESIDENT)	4.2 NAME: DARST, JAMES
STREET ADDRESS: 752 RIDER ROAD	CITY-ST-ZIP: BOYNTON BEACH FL 33435	4.3 STREET ADDRESS: 750 RIDER ROAD	4.4 CITY-ST-ZIP: BOYNTON BCH, FL 33435
TITLE: D	NAME: HEAVILIN, JEANNE	5.1 TITLE: D	5.2 NAME: HEAVILIN, JEANNE
STREET ADDRESS: 752 RIDER ROAD	CITY-ST-ZIP: BOYNTON BEACH FL 33435	5.3 STREET ADDRESS: 734 NE 9 AVE	5.4 CITY-ST-ZIP: BOYNTON BCH, FL 33435
TITLE: D	NAME: 200001848932	6.1 TITLE: 200001848932	6.2 NAME: -06/04/96--01009--019 6-2-96
STREET ADDRESS: 752 RIDER ROAD	CITY-ST-ZIP: BOYNTON BEACH FL 33435	6.3 STREET ADDRESS: ***61.25	6.4 CITY-ST-ZIP: 6-2-96

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: *Anastasia M. Konash* (ANASTASIA M. KONASH) DATE: **4/12/96** (459) 438-5217

CR2E037 (12/95)