

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 11:53

DOCUMENT # 705248 (3)

1. Corporation Name

BEVERLY HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 640023 N/A  
P.O. BOX 23  
BEVERLY HILLS FL 34464-0023  
US

P.O. BOX 640023 N/A  
P.O. BOX 23  
BEVERLY HILLS FL 34464-0023  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1963

3a. Date of Last Report

04/25/1994

4. FEI Number

51-0217168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDILLO JOSEPH  
31 S BARBOUR ST  
BEVERLY HILLS FL 34465

81 Name

JOHN KOBITZCH

82 Street Address (P.O. Box Number is Not Acceptable)

311 S. FIRMORE ST

83

TREASURER (NEW)

84 City

BEVERLY HILLS

FL

85 Zip Code

34465

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Each 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 607.0505, Florida Statutes.

SIGNATURE

Joseph Sandillo

3/31/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |
|-----------------|-------------------------|
| TITLE           | P                       |
| NAME            | SANDILLO JOSEPH         |
| STREET ADDRESS  | 31 S BARBOUR ST         |
| CITY - ST - ZIP | BEVERLY HILLS FL        |
| TITLE           | V                       |
| NAME            | SNORE EUGENE            |
| STREET ADDRESS  | 3821 PASSION FLOWER WAY |
| CITY - ST - ZIP | BEVERLY HILLS FL        |
| TITLE           | D                       |
| NAME            | KOENIG, RICHARD         |
| STREET ADDRESS  | 18 S WADSWORTH AVE      |
| CITY - ST - ZIP | BEVERLY HILLS FL        |
| TITLE           | S                       |
| NAME            | HISKEY MADELYN          |
| STREET ADDRESS  | 310 S ADAMS ST          |
| CITY - ST - ZIP | BEVERLY HILLS FL        |
| TITLE           | D                       |
| NAME            | VOGT, THEODORE          |
| STREET ADDRESS  | 144 W BOULFERN PLACE    |
| CITY - ST - ZIP | BEVERLY HILLS FL        |
| TITLE           | D                       |
| NAME            | MONROE, WHEATON         |
| STREET ADDRESS  | 3095 N MADENCANE DR     |
| CITY - ST - ZIP | BEVERLY HILLS FL        |

|                     |                        |                                                                              |
|---------------------|------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | 1ST V. PRES            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | KURT POHL              |                                                                              |
| 1.3 STREET ADDRESS  | 9 DANIEL ST            |                                                                              |
| 1.4 CITY - ST - ZIP | BEVERLY HILLS FL 34465 |                                                                              |
| 2.1 TITLE           | 2ND VICE PRES          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | RICHARD KOENIG         |                                                                              |
| 2.3 STREET ADDRESS  | 8 NEW FLORIDA AVE      |                                                                              |
| 2.4 CITY - ST - ZIP | BEVERLY HILLS FL 34465 |                                                                              |
| 3.1 TITLE           | SECRETARY              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | JOANNE BAWNTINE        |                                                                              |
| 3.3 STREET ADDRESS  | 4674 N. MAYWOOD WAY    |                                                                              |
| 3.4 CITY - ST - ZIP |                        |                                                                              |
| 4.1 TITLE           | DIRECTORS              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | STAN BOLT              |                                                                              |
| 4.3 STREET ADDRESS  | 227 S. TYLER ST        |                                                                              |
| 4.4 CITY - ST - ZIP | BEVERLY HILLS FL 34465 |                                                                              |
| 5.1 TITLE           | DIRECTOR               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | WILLIAM KRAUSE         |                                                                              |
| 5.3 STREET ADDRESS  | 427 30-LEE ST          |                                                                              |
| 5.4 CITY - ST - ZIP | BEVERLY HILLS 34465    |                                                                              |
| 6.1 TITLE           | DIRECTOR               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | JANE FRICANO           |                                                                              |
| 6.3 STREET ADDRESS  | 643 STAR LUSHINE PL    |                                                                              |
| 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 110.07(3)(b), 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:

Joseph Sandillo

3/31/95

904-746-4476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

When

Daytime Phone #