FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State

1	1996	DIVISION OF	CORPORATI	IONS	ļ			
DOCUN 1. Corporation	MENT # 71644	6 (0)						
MURRY	HILLS ASSOCIATION, INC	3.			# 100kW 1000 HB10 DH1K 010K 010K 010K			
Principa: Place	of Business	Mailing Address		 			<u> </u>	
3240 CYNTHIA LANE LAKE WORTH FL 33461 3240 CYNTHIA LANE LAKE WORTH FL 33461								
					3. Date incorporated or Qualified 04/28/1969	3a. Date of La 02/13		
2. Principal Pla	nce of Business	2a. Mailing Address 26	Mailing Address		4. FEI Number 59-1582567		Applied For	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	75 Additional se Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be	
Zip	Country 25	Zip 29	Countr	Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 1. Yes 1. No			s. 199.032,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			8	Name				
GELFAND, MICHAEL J ONE CLEARLAKE CENTER 250 SUSTRALIAN AVE., S., STE 1010 W. PALM BEACH FL 33401			82	2 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			83	3				
			8-			FL []	Zip Code	
11. Pursuant to or registere familiar wit	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 617.1508, Florida Statu rida: Such change was authori stion 617.0503, Florida Statute	tes, the above zed by the cor s.	-named corpo poration's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing it xintment as register	s registered office red agent. I am	
SIGNATURE _	w: :	0.1	075		and the same believed	DATE	****	
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and little if applicable. (N	13.	ent signature requir	ed wher reinstating) ADDITIONS/CHANGES TO OFF		TORS IN 12	
TITLE	SD DELETE		1.1 TITLE		7,000,000	Chang		
NAME	ZURICA, CONNIE	G	1.2 NAME				_	
STREET ADORESS	3280 CYNTHIA LANE #209			ET ADDRESS	and a			
CITY-ST-ZIP	LAKE WORTH FL 33461		1.4 CITY	I =	•			
TITLE	TD DELETE		2 1 TITLE			Chang	ge 🔲 Addition	
NAME	COOK, JAMES E.	_	2 2 NAME					
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A			2 3 STREET ADDRESS				
CITY - ST - ZIP	LAKE WORTH FL 33461	, 201	2. 4 CITY					
TITLE	VD	DELETE	3 1 TITLE			Chang	ge 🔲 Addition	
NAME	KNOESS, ALLEN		3.2 NAME	E				
STREET ADDRESS	3200 LAKE OSBORNE DR.,	#201	3 3 STRE	et address				
CITY-ST-ZIP	LAKE WORTH FL 33461		3.4. CITY	-ST-ZIP				
TITLE	PD	IN DELETE	4 1 TITLE	1	President	Chang	ge 💢 Addition	
NAME	DAVIS, WILLIAM S.	•	4 2 NAM	E F	erank & Hamil	DWD K		
STREET ADDRESS	3000 LAKE OSBORNE DR.	# 207	43 STRE	ET ADDRESS 诸	President Frank A Hamilt 120 Lake Osborn			
CITY - ST - ZIP	LAKE WORTH FL 33461		4.4 CiTY	-ST-ZIP	Lake worth, FL	35461		
TITLE		DELETE	51 TITLE		-	Chang	ge 🔲 Addition	
NAME			5.2 NAMI	E				
STREET ADDRESS			53 STRE	ET ADDRESS				
CITY - ST - ZIP			5 4 CITY	- ST - ZIP				
TITLE		DELETE	6 1 TITLE			Chang	ge	
NAME			6.2 NAMI	E				
STREET ADDRESS			63STRE	ET ADDRESS				
CITY-ST-ZIP			6 4 CITY		2 1 k	03/0/43 51: (1: 0:	ab dan 16 de -	
certify that oath: that	f the information indicated on this and I am an officer or director of the cord	nual report or supplemental an coration or the receiver or trust	nual report is t ee empowered	true and accur	for the exemption stated in Section 119 rate and that my signature shall have the nis report as required by Chapter 617, F	e same legal effect a	as if made under 🔝 l	
appears in	Block 12 or Block 13 if changed, or	OT ALL ALLACHING HE WILL MILL ALL BOX	ai Gao.					

Prosident 1/22/96 4075828408

SIGNATURE: