

# 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 # 748052 (8)

1. Corporation Name

DADELAND WALK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

DADELAND WALK ASSOCIATION  
9400 SOUTH DADELAND BOULEVARD  
MIAMI FL 33156-2884  
US

THE FOSTER CO.  
12384 S.W. 82 AVE.  
MIAMI FL 33156  
US



3. Date Incorporated or Qualified  
07/11/1979

3a. Date of Last Report  
08/24/1995

2. Principal Place of Business

2a. Mailing Address

21 7901 S.W. 88 ST.

26

4. FEI Number  
59-2061986

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

24 33143

25

29

30

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

10. Name and Address of New Registered Agent

SCOTT, JOSEPH  
THE FOSTER CO.  
12384 S.W. 82 AVE.  
MIAMI FL 33156

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ROSENFELD, SHERMAN  
STREET ADDRESS 8124 S.W. 86 TERR.  
CITY-ST-ZIP MIAMI FL  
☒ DELETE

TITLE PD  
NAME BROWN, SHARON  
STREET ADDRESS 8066 SW 86TH TERRACE  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE VD  
NAME CARMONA, KATHERINE  
STREET ADDRESS 8145 S.W. 86TH TERR.  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE TD  
NAME WIENER, WILLIAM  
STREET ADDRESS 8713 SW 81 COURT  
CITY-ST-ZIP MIAMI FL 33143  
☐ DELETE

TITLE D  
NAME CORRADINI, ROBERT  
STREET ADDRESS 8112 SW 86TH TERRACE  
CITY-ST-ZIP MIAMI FL  
☒ DELETE

TITLE D  
NAME MCHENRY, CHRISTINA  
STREET ADDRESS 8144 SW 86 TERR  
CITY-ST-ZIP MIAMI FL  
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME JOSEPH, MICHAEL  
1.3 STREET ADDRESS 8124 S.W. 86 TERRACE  
1.4 CITY-ST-ZIP MIAMI FL.  
☐ Change ☒ Addition

2.1 TITLE V/D  
2.2 NAME SHARON, BROWN  
2.3 STREET ADDRESS 8066 S.W. 86 TERRACE  
2.4 CITY-ST-ZIP MIAMI FL.  
☒ Change ☐ Addition

3.1 TITLE S/D  
3.2 NAME CARMONA, KATHERINE  
3.3 STREET ADDRESS 8145 S.W. 86 TERRACE  
3.4 CITY-ST-ZIP MIAMI FL.  
☒ Change ☐ Addition

4.1 TITLE D  
4.2 NAME KATZ, IRWIN  
4.3 STREET ADDRESS 8621 S.W. 79 PLACE  
4.4 CITY-ST-ZIP MIAMI FL.  
☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME DABBY, DAVID  
5.3 STREET ADDRESS 8059 S.W. 86 TERRACE  
5.4 CITY-ST-ZIP MIAMI FL.  
☐ Change ☒ Addition

6.1 TITLE D  
6.2 NAME LEITER, ALLAN  
6.3 STREET ADDRESS 8613 S.W. 80 COURT  
6.4 CITY-ST-ZIP MIAMI FL.  
☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)