

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 # N93000000549 (6)

1. Corporation Name

SEPHARDI FEDERATION OF PALM BEACH COUNTY, INC.



Principal Place of Business

**2701 VILLAGE BLVD.
SUITE 404
WEST PALM BEACH FL 33409
US**

Mailing Address

**2701 VILLAGE BLVD.
SUITE 404
WEST PALM BEACH FL 33409
US**

3. Date Incorporated or Qualified
02/03/1993

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0395049

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

29

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

**SMERALDI, ROSINA K
2701 VILLAGE BOULEVARD, #404
WEST PALM BEACH FL 33409**

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD
KARAKO, JACK M
18621 MISTY LAKE DR.
JUPITER FL 33458**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VPD
WEINTRAUB, JUDY
1801 S. FLAGLER DR. #1801
WEST PALM BEACH FL 33401**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**PED
SIMAN, DAVID
109 PALOMINO DR.
JUPITER FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD
PAPPO, ESTHER
4770 SEXTANT CIRCLE
BOYNTON BEACH FL 33436**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VPD
SAUL, DR. R
11194 HARBOUR SPRINGS CIRCLE
BOCA RATON FO**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**ASD
SMERALDI, ROSINA K
2701 VILLAGE BOULEVARD, #404
WEST PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

**PD
SIMAN, DAVID
109 PALOMINO DR.
JUPITER FL 33458**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition

**VPDAS
SMERALDI, ROSINA K.
2701 VILLAGE BLVD. #404
WEST PALM BEACH FL 33409**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

D

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

D

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☒ Change ☐ Addition

D

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ 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: DAVID W. SIMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 1996 **407-744-1950**
Date Daytime Phone #

CR2E037 (12/95)