FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

731349

(7)

	WAY VILLAGE RECREATIO),		
Principat Place	of Business	Mailing Address			
200 ROAD C ROYAL PLAM BEACH FL 33411-9916 200 ROAD C ROYAL PLAM BEACH FL 33411-9916 ROYAL PLAM BEACH FL 33411-9916			33411-2916		
				3. Date Incorporated or Qualified 11/26/1974	3a. Date of Last Report 03/19/1996
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1560903	Applied For Not Applicable
Suite, Apt #		Suite, Apt. #, etc.		5. Certificate of Status Desiréd	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🛣 No
24	25 9. Name and Address of Currer	29 Agent	[30]	10. Name and Address of New Reg	
	3. Haile allo Address of Culter	it Hohistona whom	81 Name	IANNUZZI DIANA	TOTAL PARTIE
Maile MANAGEL, WHAT					
BERNSTEIN, MORINS 200 ROAD C. ROYAL PALM BCH FL 33411 82 Street Address 83 84 City Ro				ddress (P.O. Box Number is Not Acceptable 200 No.A)	e)
ROYAL F	ALM BOATEL 33411		83		
	•		84 City	ROYAL PALM BCH.	FL 85 Zio 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 jamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature required when reinstating) DATE On the signature required when reinstating) DATE					
12.		D DIRECTORS	13.		FRS AND DIRECTORS IN 12
TITLE	VD \		1.1 TITLE		hange Addition
NAME	CAGGIANO, FRANK 511	21	1.2 NAME		
STREET ADDRESS	200 ROAD C		1.3 STREET ADDRES!		
CITY - ST - ZIP	ROYAL PALM, BCH FL		1.4 CITY-ST-ZIP	•	
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME.	ALBANO, MARY		2.2 NAME		
STREET ADDRESS	200 ROAD C		2.3 STREET ADDRESS		
CITY - ST - ZIP	ROYAL PALM BCH FL		2. 4 CiTY-ST-ZiP	r	
TITLE	PD	DELETE	3.1 TITLE		Change Addition
NAME	IANNUZZI, DIANA		3.2 NAME		
STREET ADDRESS	200 ROAD C		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH FL		3.4. CITY-ST-ZIP		
TITLE	TD \	DELETE	4.1 TITLE	Russo, JOAN 200 ROAD C KoyAL PALM BCH, P Vacout	Change Addition
NAME	DEL GRECO, NICK		4. 2 NAME	1000 CO. 10	
STREET ADDRESS	200 ROAD 🖎		4.3 STREET ADDRESS	VOO KOMO C	وسب
CITY-ST-ZIP	ROYAL PALM BCH FL		4.4 CITY - ST - ZIP	KOYAL MALM BCH P	-1_
TITLE	D \	DELETE	5.1 TITLE		Change Addition
NAME	Bernstein, Jac ris		5.2 NAME	Magnet	
STREET ADDRESS	200 ROAD C		5.3 STREET ADDRESS	y would	
CITY-ST-ZIP	ROYAL PALM BCH YL		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE		Change Addition
NAME	CIPRIANI, JOHN		6.2 NAME		
STHEET ADDRESS	200 ROAD C		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH FL		6.4 CITY-ST-ZIP		
14 Ldo hereb	ov certify that the information supplie	ed with this filing does not qu	alify for the exemption sta	ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same lega	i. I further certify that the
l am an o	in indicated on this annual report or (ficer or director of the corporation o in Block 12 or Block 13 if changed, c	r the receiver or trustee emp	owered to execute this re	port as required by Chapter 617, Florida S	latutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

Date

3/18/97

FILED

Mar 26 1997 8:00am

Secretary of State