

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 11 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

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

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

3. Date Incorporated or Qualified

02/03/1993

4. FEI Number

65-0395049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 PD  
NAME SIMAN, DAVID  
STREET ADDRESS 109 PALOMINO DR.  
CITY-ST-ZIP JUPITER FL

☐ DELETE

TITLE VPD  
NAME ALLEN, ROSE PAPP  
STREET ADDRESS 783 FORESTERIA AVE.  
CITY-ST-ZIP WELLINGTON FL

☐ DELETE

TITLE TD  
NAME PAPP, ESTHER  
STREET ADDRESS 4770 SEXTANT CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

☐ DELETE

TITLE D  
NAME SAUL, DR. R  
STREET ADDRESS 11194 HARBOUR SPRINGS CIRCLE  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME ALLEN, ROSE PAPP  
1.3 STREET ADDRESS 783 FORESTERIA AVE.  
1.4 CITY-ST-ZIP WELLINGTON, FL 33414

☒ Change

☐ Addition

2.1 TITLE VPD  
2.2 NAME SAUL, DR. R  
2.3 STREET ADDRESS 11194 HARBOUR SPRINGS CIRCLE  
2.4 CITY-ST-ZIP BOCA RATON FL 33428

☒ Change

☐ Addition

3.1 TITLE TD  
3.2 NAME  
3.3 STREET ADDRESS SAME

☐ Change

☐ Addition

4.1 TITLE D  
4.2 NAME SIMAN, DAVID  
4.3 STREET ADDRESS 109 PALOMINO DR.  
4.4 CITY-ST-ZIP JUPITER FL 33458

☒ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rose Papp Allen

CR2E037 (10/97)