


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90013 019 \*\*\*\*75.00

<b>DOCUMENT # N06811</b>	
<b>1. Entity Name</b> SOUTH FLORIDA CHAPTER 82ND AIRBORNE DIVISION ASSOCIATION, INC.	

<b>Principal Place of Business</b> 5115 SW 93RD AVE COOPER CITY FL 33326 US	<b>Mailing Address</b> PO BOX 22476 FORT LAUDERDALE FL 33335 US
--	--

<b>2. Principal Place of Business</b> 5115 S.W. 93rd Avenue Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 22476 Suite, Apt. #, etc.
---	--

<b>City &amp; State</b> Cooper City, Fl 33326	<b>City &amp; State</b> Fort Lauderdale, Fl 33335
<b>Zip</b> 33326	<b>Country</b> U.S.A.
<b>Zip</b> 33326	<b>Country</b> U.S.A.

<b>6. Name and Address of Current Registered Agent</b> NISKANEN, ROBERT V 5115 SW 93RD AVE FORT LAUDERDALE FL 33326	<b>7. Name and Address of New Registered Agent</b> Name ANTHONY ALTObELL Street Address (P.O. Box Number is Not Acceptable) 5115 S.W. 93rd Avenue City Cooper City FL Zip Code 33326
--	---

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Anthony Altobell Secry Treas.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> VC	<b>NAME</b> BUFFINGTON, ROBERT <b>STREET ADDRESS</b> 2765 GARDEN DR <b>CITY-ST-ZIP</b> COOPER CITY FL 33026-3605 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> PC	<b>NAME</b> Buffington, Robert L. <b>STREET ADDRESS</b> 2765 Garden Drive <b>CITY-ST-ZIP</b> Cooper City Florida 33026-3605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD	<b>NAME</b> HANKERSON, HERBERT <b>STREET ADDRESS</b> 2311 NW 38TH AVE <b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33335-2648 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> V	<b>NAME</b> Watts, Terry <b>STREET ADDRESS</b> 501 N.W. 78th Terrace <b>CITY-ST-ZIP</b> Plantation Fl 33324-1435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> S	<b>NAME</b> STINACCI, RONALD J <b>STREET ADDRESS</b> 117 LAKE EMERALD DR, #303 <b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33329 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> ST	<b>NAME</b> Anthony Altobell <b>STREET ADDRESS</b> 5115 S.W. 93rd Avenue <b>CITY-ST-ZIP</b> Cooper City Fl 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> ST	<b>NAME</b> ALTOBELL, ANTHONY <b>STREET ADDRESS</b> PO BOX 22476 <b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33335 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Weinsoff, Irv <b>STREET ADDRESS</b> 800 N.E. 36th Street <b>CITY-ST-ZIP</b> Miami, Fl 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> WEINSOFF, IRV <b>STREET ADDRESS</b> 600 NE 36TH ST <b>CITY-ST-ZIP</b> MIAMI FL 33137 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Stirlacci, Ronald J. <b>STREET ADDRESS</b> 117 Lake Emerald Drive #303 <b>CITY-ST-ZIP</b> Fort Lauderdale, Florida 33329 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> VASS, GUS <b>STREET ADDRESS</b> 4511 THOMAS ST <b>CITY-ST-ZIP</b> HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Vass, Gus <b>STREET ADDRESS</b> 4511 Thomas Street <b>CITY-ST-ZIP</b> Hollywood, Fl 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: Anthony Altobell Secretary Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day time Phone Number (954)  
February 2 2004 931-5447