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Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706258 (1)

1. Corporation Name
SINGER ISLAND BUSINESS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 9493 SINGER ISLAND FL 33419	Mailing Address P.O. BOX 9493 SINGER ISLAND FL 33419
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3. Date Incorporated or Qualified 10/08/1963
4. FEI Number 59-6159379
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 1281 North Ocean Dr.	2a. Mailing Address SAME
Suite, Apt. #, etc. SUITE 109	Suite, Apt. #, etc. SAME
City & State SINGER ISLAND, FL	City & State SAME
Zip 33404	Country FLA Bch

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEWART, JAMES M. 1211 THE PLAZA SINGER ISLAND FL 33404	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE 82	NAME JO. EVAND
STREET ADDRESS 1250 N. OCEAN DR	CITY-ST-ZIP 151 OCEAN AVE PALM BCH. SHORES, FL
TITLE 86	NAME GAYLE AMECHE
STREET ADDRESS 208 INLET WAY	CITY-ST-ZIP PALM BEACH SHORES FL
TITLE D	NAME TOM MILLS
STREET ADDRESS 178 LAKE DRIVE	CITY-ST-ZIP PALM BEACH SHORES FL
TITLE 80	NAME MICLOSKEY, DANIEL
STREET ADDRESS 123 OCEAN DRIVE	CITY-ST-ZIP PALM BEACH SHORES FL
TITLE D	NAME LUCHSINGER, MEAGHAN
STREET ADDRESS 1313 E. BLUE HERON BLVD	CITY-ST-ZIP SINGER ISLAND FL
TITLE D	NAME STEWART, JAMES.
STREET ADDRESS 1211 THE PLAZA	CITY-ST-ZIP SINGER ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DAVID SCHNYER	
1.3 STREET ADDRESS 9631 PARK AVENUE	
1.4 CITY-ST-ZIP SINGER ISL, FL 33404	
2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME GOLDIE MOODY	
2.3 STREET ADDRESS 182 LAKE DRIVE	
2.4 CITY-ST-ZIP SINGER ISL, FL 33404	
3.1 TITLE TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME BRUCE HOHENSTEIN	
3.3 STREET ADDRESS 3700 N. OCEAN DR.	
3.4 CITY-ST-ZIP SINGER ISL, FL 33404	
4.1 TITLE SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME ENZA DEVITO	
4.3 STREET ADDRESS 1217 N. OCEAN DR.	
4.4 CITY-ST-ZIP SINGER ISL, FL	
5.1 TITLE LKE ROBERTS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME 900 EAST BLUE HERON BLVD.	
5.3 STREET ADDRESS SINGER ISLAND, FL. 33404	
5.4 CITY-ST-ZIP SINGER ISLAND, FL 33404	
6.1 TITLE JAME MOODY D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME 182 LAKE DRIVE	
6.3 STREET ADDRESS SINGER ISLAND, FL 33404	
6.4 CITY-ST-ZIP SINGER ISLAND, FL 33404	

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, and I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature and seal are the same as made underneath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 122, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)