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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706258

1. Corporation Name

SINGER ISLAND BUSINESS ASSOCIATION, INC.

178827 - 90120 - 14

Principal Place of Business 1281 NORTH OCEAN DR STE 109 SINGER ISLAND FL 33404 US	Mailing Address 1281 NORTH OCEAN DR STE 109 SINGER ISLAND FL 33404 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/08/1963 4. FEI Number 59-6159379 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
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9. Name and Address of Current Registered Agent STEWART, JAMES M. 1211 THE PLAZA SINGER ISLAND FL 33404	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNYER, DAVID 2831 PARK AVE SINGER ISLAND FL 33404 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOODY, GOLDIE 102 LAKE DR SINGER ISL FL 33404 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOHENSTEIN, BRUCE 3780 N OCEAN DR SINGER ISL FL 33404 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G DEVITO, ENZA 4247 N OCEAN DR SINGER ISL FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, LEE 000 E BLUE HERON BLVD SINGER ISLAND FL 33404 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, JAME 102 LAKE DR SINGER ISLAND FL 33404 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. STEWART

2/11/99 561-842-2477
Date Daytime Phone #

CR2E037 (1198)

176827-90120-14
706258

Officers and Directors
Singer Island Business Association, Inc.
continued 1999 Corporate Annual Report

Title	P / D
Name	Schnyer, David
Street Address	2631 Park Avenue
City-ST-Zip	Singer Island, FL 33404

Title	VP / D
Name	Ameche, Gail
Street Address	206 Inlet Way
City-ST-Zip	Palm Beach Shores, Florida 33404

Title	T / D
Name	Hohenstein, Bruce
Street Address	3700 N. Ocean Drive
City-ST-Zip	Singer Island, FL 33404

Title	S / D
Name	Mills, Thomas
Street Address	178 Lake Drive
City-ST-Zip	Palm Beach Shores, FL 33404

Title	D
Name	Kappler, Steve
Street Address	3200 North Ocean Avenue
City-ST-Zip	Singer Island, FL 33404

Title	D
Name	Stewart, James
Street Address	1211 The Plaza
City-ST-Zip	Singer Island, FL 33404

Title	D
Name	Mattioli, Carl
Street Address	3564 Wildwood Forest Court
City-ST-Zip	Lake Park, FL 33403

Title	D
Name	Luchsinger, Meaghan
Street Address	5028 50th Way
City-ST-Zip	West Palm Beach, FL 33409

Title	D
Name	Moody, Goldie
Street Address	182 Lake Drive
City-ST-Zip	Palm Beach Shores, FL 33404

Title	D
Name	Evans, Jo
Street Address	151 Ocean Avenue
City-ST-Zip	Palm Beach Shores, FL 33404

Title	D
Name	Moody, James
Street Address	182 Lake Drive
City-ST-Zip	Singer Island, FL 33404