FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 6:17

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DOCUMENT # 706737 (4)

1. Corporation Name
426 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
426 N.E. 7TH AVE. DELRAY BEACH FL 33483-5643	426 NE 7TH AVE. 2-E DELRAY BEACH FL 33483-5643 US

3. Date Incorporated or Qualified: 01/22/1961
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1155230 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 23123 State Rd 7	26 P.O. Box 2310
Suite, Apt. #, etc. 22 350 A	Suite, Apt. #, etc. 27
City & State 23 Boca Raton FL	City & State 28 Boca Raton, FL
Zip 24 33428 Country 25 USA	Zip 29 33427 Country 30 USA

9. Name and Address of Current Registered Agent

DAVID, A.S.
426 NE 7TH AVE 2E
DELRAY BEACH FL 33483-5643

10. Name and Address of New Registered Agent

81 Name: Residential Management Concepts
82 Street Address (P.O. Box Number is Not Acceptable): 23123 State Rd 7 #350A
83
84 City: Boca Raton FL 85 Zip Code: 33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X [signature] Agent
* 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	P D	11 TITLE	☐ Change ☐ Addition
NAME	DAVID, K.M.	12 NAME	
STREET ADDRESS	426 N.E. 7TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	SECRETARY/D ☒ Change ☐ Addition
NAME	KEARNS, MARGARET	22 NAME	
STREET ADDRESS	426 N.E. 7TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	VICE PRESIDENT/D ☒ Change ☐ Addition
NAME	HOBSON, TED	32 NAME	
STREET ADDRESS	426 N.E. 7TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	PELLEK, BOB	42 NAME	RICHARD CURLEY #2A
STREET ADDRESS	426 N.E. 7TH AVE. NOT ON BOARD	43 STREET ADDRESS	426 NE 7TH AVE
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	T	51 TITLE	TREASURER ☐ Change ☐ Addition
NAME	DAVID, A.S.	52 NAME	WREN REYNOLDS
STREET ADDRESS	426 N.E. 7TH AVE. NOT ON BOARD	53 STREET ADDRESS	701 RIDER RD #4
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	BOYNTON BEACH FL 33435-3249
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X [signature] April 16 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061845