FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 709157

(2)

BEVERI	LY PARK CIVIC ASSOCIAT	Mailing Address			
6320 WILEY ST 6320 WILEY ST HOLLYWOOD FL 33023-173 US US					
				3. Date Incorporated or Qualified 06/16/1965	3a. Date of Last Report 04/25/1996
2. Principal Place of Business 24 21 26		2a. Mailing Address		4. FEI Number 23-7358281	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country	8. This corporation has liability for i	
27	9. Name and Address of Curre		301	10. Name and Address of New Re	
••••			81 Name		
GAITHER, KATHRYN S 6320 WILEY ST				ess (P.O. Box Number is Not Acceptab	ile)
HOLLYWOOD FL 33023			83		
TIOSETTY	000112 00020		84 City		FL 85 Zip Code
11. Pursuant to office or reagent. Lat	to the provisions of Sections 617.056 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statute e of Florida Such change was a gations of, Section 617.0503, Flor	s, the above-named corp uthorized by the corporat ida Statutes.	poration submits this statement for the pion's board of directors. I hereby accept	
SIGNATURE					
12,	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	Registered Agent algorature require 13.	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	PERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS OF INTOCO TO OFFICE	Change Addition
NAME	ANDUJAR, AIDA		1.2 NAME		
STREET ADDRESS	6310 WILEY ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000		1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	VITTORIO, OLLIE		2.2 NAME		
STREET ADDRESS	6429 FLAGLER ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000		2.4 CITY-ST-ZIP		Ì
TITLE	BM	☐ DELETE	3.1 TITLE	······································	Change Addition
NAME	DALY, BILL		3.2 NAME		
STREET ADDRESS	6417 DEWEY ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		Change Addition
NAME	GAITHER, KAY		4. 2 NAME		
STREET ADDRESS	6320 WILEY ST		4.3 STREET ADDRESS		ı
CITY-ST-ZIP	HOLLYWOOD, FL 00000		4.4 CITY-ST-ZIP		·
TITLE	ΤD	☐ DELETE	5.1 TITLE		Change Addition
NAME	BESS, ELAINE		5.2 NAME		
STREET ADDRESS	6340 DAWSON ST		5.3 STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 00000		5.4 CITY-ST-2IP	\$ a	\
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	į		6.2 NAME	e e	ļ
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-7IP			6.4 CITY-ST-ZIP		

14. I do 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: Signature and typed on Printed Name of Signing Officer on Direction Date

954-920-78023570

FILED

Feb 03 1997 8:00am

Secretary of State