


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709157** (2)

1. Corporation Name

**BEVERLY PARK CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>6320 WILEY ST HOLLYWOOD FL 33023 US</b>	Mailing Address <b>6320 WILEY ST HOLLYWOOD FL 33023 US</b>
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3. Date Incorporated or Qualified <b>06/16/1965</b>
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4. FEI Number <b>23-7358281</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>GAITHER, KATHRYN S 6320 WILEY ST HOLLYWOOD FL 33023</b>
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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
FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>ANDUJAR, AIDA</b>
STREET ADDRESS	<b>6310 WILEY ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>VITTORIO, OLLIE</b>
STREET ADDRESS	<b>6429 FLAGLER ST.</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000</b>
TITLE	BM <input type="checkbox"/> DELETE
NAME	<b>DALY, BILL</b>
STREET ADDRESS	<b>6417 DEWEY ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>GAITHER, KAY</b>
STREET ADDRESS	<b>6320 WILEY ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>BESS, ELAINE</b>
STREET ADDRESS	<b>6340 DAWSON ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vittorio, Ollie</b>
2.3 STREET ADDRESS	<b>6429 Flager Street</b>
2.4 CITY-ST-ZIP	<b>Hollywood Florida 33023</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Elaine Bess **Elaine Bess** Treasurer 20 Jan 1998 954-920-7014

CR2E037 (10/97)