

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 710414 (4)

1. Corporation Name

FATHER M. F. MONAHAN HOME ASSOCIATION, INC.



Principal Place of Business

Mailing Address

600 KNIGHTS ROAD  
HOLLYWOOD FL 33021-6145

600 KNIGHTS ROAD  
HOLLYWOOD FL 33021-6145

3. Date Incorporated or Qualified

02/22/1966

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1301291

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGIC, ROBERT  
925 NE 32 AVE  
HOLLYWOOD FL 33021

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

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  DELETE  
NAME OLDZIEJ, GERARD  
STREET ADDRESS 1607 NO PARK RD  
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME DOYLE, B  
STREET ADDRESS 4698 SW 35 AVENUE  
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE  Change  Addition  
2.2 NAME S  
2.3 STREET ADDRESS LEE, DEREK  
2.4 CITY-ST-ZIP 1816 N 29 AVE  
HOLLYWOOD, FL 33021

TITLE T  DELETE  
NAME WINGENDER, W J  
STREET ADDRESS 5006 TAFT ST  
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V  DELETE  
NAME MAGIC, R  
STREET ADDRESS 925 N 32 AVE  
CITY-ST-ZIP HOLLYWOOD FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME HAPST, W  
STREET ADDRESS 1715 N 16 AVE  
CITY-ST-ZIP HOLLYWOOD FL

5.1 TITLE  Change  Addition  
5.2 NAME D  
5.3 STREET ADDRESS J. ERMINE  
5.4 CITY-ST-ZIP 5311 LINCOLN ST  
HOLLYWOOD, FL 33021

TITLE D  DELETE  
NAME CARDAMON, J.  
STREET ADDRESS 312 N 46 AVE  
CITY-ST-ZIP HOLLYWOOD FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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: W. J. WINGENDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

954-987-9514

Daytime Phone #

CR2E037 (12/95)