## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

716531

(9)

TUDEC	THOUGAND	UTIIO2	ASSOCIATION.	INIC
IMMER	THUUSANU	SURIN	ASSULIATION.	IINU

ITINEC	THOUSAND SOUTH ASSOC	OIATION, ING.					
Principal Place	of Business	Mailing Address					11611 41611 1001
3000 S. OCEAN BLVD BOCA RATON FL 33432 US		3000 S. OCEAN BLVD BOCA RATON FL 33432 US					
00		00			3. Date Incorporated or Qualified 05/09/1969	3a. Date of Last 6 03/24/19	Report 395
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-1308868		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired	Desired \$8.75 Additional Fee Required		
City & State		Crty & State			Election Campaign Financing     Trust Fund Contribution		May Be d to Fees
Zip	Country	Ζιρ	Country		8. This corporation has liability for in	. " —	199.032,
24	25 9. Name and Address of Current	29    Registered Agent	30	-	Florida Statutes L  10. Name and Address of New Re	Yes No	
	g. Haine and Address of Carren	. Togisto ou rigem	81	Name		Brown and a second	
	SILLESPIE & ALLISON, P.A.	****	82	Street Addre	ess (P.O. Box Number is Not Acceptable	3)	
1515 SOUTH FEDERAL HIGHWAY SUITE #300 BOCA RATON FL 33432			83				
			84	City		FL 85 Zip	Code
or registere familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such change v/as authori.	zed by the corp	named corpora oration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	iose of changing its reintment as registered	agistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	and title #applicable (N	OTE: Registered Agei	nt signature required	i when reinstating:	DATE:	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	I Martin, Gannon	DELETE	1 1 TITLE			Change	Addition Addition
NAME	3000 S OCEAN BLVD #201		1 2 NAME	IDORESCO .			
STREET ACCRESS	BOCA RATON, FL 00000		1 3 STREET				
CITY - ST - ZIP TITLE	D	DELETE	1.4 Cily-5 2 I TITLE	SI - ZIP		Change	Addition
NAME	FIELD, MARSHALL	_	2.2 NAME			·	
STREET ADDRESS CITY-ST-ZIP	3000 S OCEAN BLVD #606 BOCA RATON, FL 00000		2 3 STREET				
TITLE	D	DELETE	3 1 TITLE	U 2		☐ Change	Addition
NAME	Paul, Levine		3 2 NAME				
STREET ADDRESS	3000 S OCEAN BLVD #402		3 3 STREE	ADDRESS			
CITY - ST - ZIP	BOCA RATON, FL 00000		3.4 CiTY-	ST-ZiP			
TITLE	S Seekamp, Christopher	DELETE	4.1 TITLE			Change	Addition
NAME	3000 \$ OCEAN BLVD #1202		4 2 NAME	1			
STREET ADDRESS	BOCA RATON, FL 00000		4.3 STREE				
CHTY-ST ZIP TITLE	D	DELETE	4.4 CITY - 5.1 TITLE	51-219		Change	Addition
NAME	RUSSELLE, HARRY		5.2 NAME				
STREET ADDRESS	3000 S OCEAN BLVD, #705		5.3 STREE	r address			
CITY ST ZIF	BOCA RATON, FL 00000		5.4 CiTY-1	ST - ZIP			
TITLE	D	DEFELE	6 1 TITLE			☐ Change	☐ Addition
NAME	NUDING, DONALD		6.2 NAME				
STREET ADDRESS	3000 S OCEAN BLVD, #301			I ADDRESS			
CrTY - ST - ZiP	BOCA RATON, FL 00000	with this filing is well-start.	64 CITY -	ST-ZIP	or the evernation stated in Section 1107	17/3VIA Fladda Stated	toe I further
certify that oath; that appears in	by certain that the morn applied to t the information indigated on this annu I am an officer or director of the corpo in Block 12 or Block 13 if changed, or c	ration or supplemental an ration or the receiver or trust on an attachment with an ad-	nnual report is tr tee empawered dress	ue and accura to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the is report as required by Chapter 617, Flo	same lega' effect as if irida Statutes; and the	made under at my name

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinac Phone #