

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 # 719379 (0)

1. Corporation Name

CLUB AMERICANA OF FLORIDA, INC.



Principal Place of Business

Mailing Address

381 S.E. 12TH ST.
POMPANO BEACH FL 33060

381 S.E. 12TH ST.
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

09/23/1970

3a. Date of Last Report

05/01/1995

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

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JOHN C
381 S.E. 12TH ST.
POMPANO BEACH FL 33060

81 Name

Brown Marian L.

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

381 S.E. 12th Street

83

84 City

Pompano Bch.

FL

85

Zip Code

33060

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

PD

☒ DELETE

NAME

BROWN, JOHN C

STREET ADDRESS

381 S.E. 12TH ST.

CITY-ST-ZIP

POMPANO BEACH FL

TITLE

VD

☐ DELETE

NAME

BROWN, MARIAN L

STREET ADDRESS

381 S.E. 12TH ST.

CITY-ST-ZIP

POMPANO BEACH FL

TITLE

ST

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NAME

VANVOAST, BARBARA

STREET ADDRESS

2981 N.W. 68TH ST.

CITY-ST-ZIP

FT. LAUDERDALE FL

TITLE

D

☐ DELETE

NAME

VANVOAST, BARBARA

STREET ADDRESS

2981 N.W. 68TH ST.

CITY-ST-ZIP

FT. LAUDERDALE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0708969R

6/10/96 954-785-2216

CR2E037 (12/95)