

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:53

DOCUMENT # 720892

(9)

1. Corporation Name

RONEY PLAZA WOMEN'S SOCIAL CLUB, INC.

Principal Place of Business

RONEY PLAZA APTS #A-816
23RD ST & COLLINS AVE
MIAMI BEACH FL 33139

Mailing Address

RONEY PLAZA APTS #A815
23RD ST & COLLINS AVE
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1971

3a. Date of Last Report

03/28/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

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

Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, CLARA
2301 COLLINS AVE., #A815
MIAMI BEACH FL 33139

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
FISCHER, CLARA
2301 COLLINS AVE #A815
MIAMI BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Sara Gross
3371 Collins Ave
M.B. Fla 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
NAGLER, ROSE
2371 COLLINS AVENUE
MIAMI BEACH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Blanche Mandel
2301 Collins Ave
M.B. Fla 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
FEINBERG, MARTHA
2301 COLLINS AVE, A532
MIAMI BEACH FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Sylvia Levy
2301 Collins Ave
M.B. Fla 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
KAHANER, FAYE S.
2371 COLLINS AVE, #1634
MIAMI BEACH FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
UFLAND, BELLE
2301 COLLINS AVENUE
MIAMI BEACH FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

0007543

CR2E037 (3/95)