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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(8)

DALA	GARDENS	CUIL	DOCALLO	HOME	IMC
и ідч	GARDENS	CHI	DREM'S	HUJME.	INL.

Principal Place of Business Mailing Address					•	i imbini imbeli alamı sımak tımak tabar tı	191 94911 BIBH BIBH BI	PIT GLENT GLOTT 1941	
4796 42ND ST. 4796 42ND ST. VERO BEACH FL 32967 VERO BEACH FL 32967									
						3. Date Incorporated or Qualified 06/23/1971	3a. Date of La: 03/15/		
2. Principal Place of Business		2a. Mailing Address	- T		4. FEI Number 59-1469955	Applied For Not Applicable			
21		Suite, Apt. #, etc.	Suita Act # etc		39 1408933	\$8.7	5 Additional		
Suite, Apt. #, etc.		27 Suite, Apr. #, 610.		Certificate of Status Desired		e Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country Zip Co		Cour	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30				Yes No		
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Re	Bistelen Water		
MASSE, EDGAR J 4796 42ND ST.				82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
	ACH FL 32967			83					
			j	84	City		FL 85	Zip Gode	
44 Ouroupot t	a the provisions of Sections 617 050	2 and 617 1508. Florida Statute	s the above	/e-na	emed corpor	ation submits this statement for the purp	ose of changing it	s registered office	
or registere	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authorize	ed by the c	orpo	ration's boar	d of directors. I hereby accept the appoi	ntment as register	ed agent. I am	
SIGNATURE .	Control of the Contro	er more helte at mounts, while the MMCC	TF Registered	Acreot	signature required	d when reinstating)	DATE		
Signature, typod or printed name of registered agent and title if applicable. NOTE Rispl 12. OFFICERS AND DIRECTORS			13		signature require	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	P □DELETE		1.1 10	LE		Change A			
NAME	MASSE, SHAWN		1.2 NA	ME					
STREET ADDRESS	4256 48TH AVE.		1.3 \$7	REET A	ADDRESS			Ì	
CITY-SI-ZIP	VERO BEACH FL 32967		140	TY-\$1	- ZIP				
TILLE	٧	□ DELETE	2 1 TI	LF	İ		Chang	e 🔲 Addition	
NAME	VANDERWALT, DESIREE		2 2 NA	ME					
STREET ADDRESS	1228 24TH ST.		2 3 STR		ADDRESS				
CITY - ST - ZIF	VERO BEACH FL 32960		2 4 C	ITY-SI	T - ZIP				
TIFLE	D	DELETE	3 1 TI	TLE			☐ Chang	je 🔲 Addition	
NAME	MASSE, ED		3 2 NA	ME					
STREET ADDRESS	4796 42ND ST.		3351	REET	ADORESS				
CITY - ST - ZIP	VERO BEACH FL 32967	DOELETE		(TY - SI	T · ZIP		Chang	ge Addition	
1111.6	D		41 11				Criang	A MOUNT	
NAME	MASSE, HONOR		4 2 N		*000000				
STREET ADDRESS	4258 48TH AVE.				ADDRESS				
CITY-ST-ZIF	VERO BEACH FL 32967	DELETE	511	TY-ST	- 211		Chang	e Addition	
TITLE	D CHANNON		5 2 N				_		
NAME	Kazen, Shannon 2830 Laurel dr.				ADORESS				
STREET ADDRESS	VERO BEACH FL 32960			TY-SI					
CITY-ST-ZIP TITLE	TERO DEMONIFE SESON	DELETE	61 Ti		5	CCRCTARY ITPERSURE	Z Cnan	ge Addition	
NAMÉ		—	62 N	-	12.	INDA CULUER			
STREET ADDRESS					ADDRESS 3	105 2 NOI PL			
C(TY - ST . 7)P			6 4 C	TY-SI	T-ZIP L	BRU BRACH FC 329	68		
14. I do hereb	the information supplied	d with this filing is voluntarily furn	ished and	does	not qualify	for the exemption stated in Section 119 (7(3)(k), Florida St	atutes. I further as if made under	

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 it 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 Stalutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR