

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 # 725102 (8)

1. Corporation Name

ORANGE BROOK SUNSHINE CLUB, INC.



Principal Place of Business

Mailing Address

3318 ORANGE ST  
HOLLYWOOD FL 33021  
US

3213 BROADWAY ST  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified  
12/21/1972

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7356943

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

23

28

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERLIHY, TIM  
1316 S. 33RD AVE.  
1328 S 33RD AVE  
HOLLYWOOD FL 33021

81

Name

82

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

83

1305 South 33rd Ave

84

City

Hollywood

FL

85

Zip Code

33021

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 *E. E. E. E. E.*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERLIHY, TIM	
STREET ADDRESS	1316 S 33RD AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONGHI, HUGO	
STREET ADDRESS	3324 FLORIDA ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S-P	<input type="checkbox"/> DELETE
NAME	KNOWLES, LOIS	
STREET ADDRESS	3205 BROADWAY ST	secretary
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CONGHI, HUGO	
STREET ADDRESS	3324 FLORIDA ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T-P	<input type="checkbox"/> DELETE
NAME	ZUENDEL, KATHY	treasurer
STREET ADDRESS	3213 BROADWAY ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		Cd Oescher	
13 STREET ADDRESS		1305 South 33rd Ave.	
14 CITY-ST-ZIP		Hollywood FL 33021	
21 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D	Vice President	
43 STREET ADDRESS		3228 South Street	
44 CITY-ST-ZIP		Hollywood FL 33021	
51 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kathy Zundenel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-96

954/921-3505

CR2E037 (12/95)