## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

ON BEACH LODGE NO. 2304, INC.					
Principal Place of Business		Mailing Address		T TOURS TO THE STATE OF THE STA	
3595 2ND AVE. N. PO BOX 6467 LAKE WORTH FL 33461		3595 2ND AVE. N. PO BOX 6467 LAKE WORTH FL 33461-4027			
LAKE WORTH	L 35701	take from the south for		3. Date incorporated or Qualified 08/13/1975	3a. Date of Last Report 05/21/1996
Principal Place of Business     1		2a. Mailing Address 26		4. FEI Number 59-6510843	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25		30		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	latered Agent
			81 Name	JOHN P. MARINEL	( ) A D
AUMAIS, MARYJANE			62 Street Address (P.O. Bex Number Is Not Acceptable)		
6205 BALMY CT.				15 FORUM PLACE	e 578 3-B
BOYNTON BCH. FL 33437			83	•	
i		_	84 City	ST PACE BEACH	FL 85 Zip Code
11. Pursuant to the provisions of Bections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Bections 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 charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tamiliar with, and accept the obligations of, Section 517,0503, Florida Statutes.					
SIGNATURE		TOXX			
SIGNATURE	alguature. Typed of xinted name of registered ager		Registered Agent signature rec	quired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES 10 OFFIC	
TITLE /	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	PIASIO, DENNIS		1.2 NAME		
STREET ADDRESS	5187 WOODSTONE CIR. E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33463		1.4 CITY - ST - ZIP		
TITLE	FS/D	☐ DELETE	2.1 TITLE		Change Addition
NAME	AUMAIS, MARYJANE		2.2 NAME		3
STREET ADDRESS	6205 BALMY CT.		2.3 STREET ADDRESS		į
CITY-ST-ZIP	BOYNTON BCH. FL 33437	T be eve	2. 4 CITY-ST-ZIP		
TITLE	VP/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRUSTACI, MARIE		3.2 NAME		
STREET ADDRESS	2886 FERNLEY I-EAST #74		3.3 STREET ADDRESS		_
CITY-ST-ZIP	WEST PALM BEACH FL 33415	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	T/DS	184 percie	4.1 TITLE TREAS,	MATURA PRIMARY	E Change Addition
NAME	DUCATI, ANNE M. 6277 TALL CYPRESS CIR.		4. 2 NAME	MATURO, TRAYMOND 2886 FERNLEY DR. É WEST PALM BCh., Pl	·#//-
STREET ADDRESS	GREENACRES FL 33463		4.3 STREET ADDRESS	Wast Bring Bright	22415
CITY-ST-ZIP TITLE	GREENAURES PL 33403	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	WEST PALM BER., FG	Change Addition
NAME			5.2 NAME		
STREET ADDRESS .			5.3 STREET ADDRESS		
					ţ
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
DIFFICE ADDITION			0.5 011111 01 70		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 3 if cylanged, or on an attachment with a) address.

Daytime Phone # 0043611

**FILED** 

May 07 1997 8:00am

Secretary of State