

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 # 735142 (2)

1. Corporation Name
SHADY BANKS CIVIC ASSOCIATION, INC.



Principal Place of Business: 1700 S.W. 14 CT. FORT LAUDERDALE FL 33312
Mailing Address: 1700 S.W. 14 CT. FORT LAUDERDALE FL 33312

3. Date Incorporated or Qualified: 03/04/1976
3a. Date of Last Report: 08/18/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0056916	Applied For
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

TYRRELL, BRUCE M
1451 SW 18TH TERR.
FT. LAUDERDALE FL 33312

81 Name: **AIELLO, TENA**
82 Street Address (P.O. Box Number is Not Acceptable): **1458 S.W. 19 AVENUE**
83
84 City: **FT. LAUDERDALE** FL 85 Zip Code: **33312**

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: PD NAME: TYRELL, BRUCE M STREET ADDRESS: 1451 SW 18TH TERR CITY-ST-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> DELETE	1.1 TITLE: PRES./D 1.2 NAME: AIELLO, TENA 1.3 STREET ADDRESS: 1458 S.W. 19 AVENUE 1.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: KEITH, HEATHER STREET ADDRESS: 1543 SW 18TH TERR CITY-ST-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> DELETE	2.1 TITLE: V.P./D 2.2 NAME: CLANCY, DAVE 2.3 STREET ADDRESS: 1466 SW 18 TERRACE 2.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: SCHORN, JOHN STREET ADDRESS: 1271 SW 14TH AVE CITY-ST-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> DELETE	3.1 TITLE: T/D 3.2 NAME: JAGGERS, LESA 3.3 STREET ADDRESS: 1609 SW 14 COURT 3.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: REHMET, CAROL STREET ADDRESS: 1519 SW 18TH AVE CITY-ST-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> DELETE	4.1 TITLE: S/D 4.2 NAME: PEARLE, DOUG. 4.3 STREET ADDRESS: 1615 SW 15 TERRACE 4.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: UPP, JIM STREET ADDRESS: 1310 SW 14TH AVE CITY-ST-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> DELETE	5.1 TITLE: D. 5.2 NAME: ENNIS, DORIS 5.3 STREET ADDRESS: 1544 S.W. 20 AVENUE 5.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: REHMET, CHRIS STREET ADDRESS: 1519 SW 18TH AVE CITY-ST-ZIP: FT. LAUDERDALE FL 33312	<input type="checkbox"/> DELETE	6.1 TITLE: D. 6.2 NAME: SINGER, FLAINE 6.3 STREET ADDRESS: 1509 SW 15 AVENUE 6.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tena Aiello Date: 5-6-96 (954) 463-4481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)