## **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 #** 

161

Corporation     UPMIN	n Name	NIUM ASSOCIATION, INC.		4 (4 <b>4 14 14 14 14 14 14 14 14 14 14 14 14 14</b>	ı Billin Billin Albin Billin Albin Billin 1980
Principal Place	o of Business	Mailing Address			
Principal Place of Business  CENTURY VILLAGE EAST  UPMINISTER M-226		CENTURY VILLAGE EAST UPMINISTER M-226			
DEERFIELD BE	ACH FL 33442	DEERFIELD BEACH FL 334	142	3. Date Incorporated or Qualified 07/07/1976	3a. Date of Last Report 04/27/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		26 Suite Apt # etc		59-1906010	Not Applicable
22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5,00 May Be
23		28	, <u>.</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inte	
24	9. Name and Address of	29] Current Registered Agent	30	Florida Statutes L. 1	
			81 Name		
MILLER,	DIANE		82 Street	Address (P.O. Box Number is Not Acceptable)	
UPMINISTER M-226				A CONTROL OF THE PROPERTY OF T	
Deerfi	ELD BEACH FL 33442		83		
			B4 City		85 Zip Code
44 Divouent	to the provisions of Coations	C17 0502 and C17 1500 Florida Statut	on the above named	corporation submits this statement for the our	FL 69 Zip code
office or r	egistered agent, or both, in the	of Florida. Such change was a	authorized by the corp	corporation submits this statement for the purporation's board of directors. I hereby accept t	he appointment as registered
	m ramiliar with, and accept tr	ne obligations of, Section 617.0505, Fit	moa siatutes.		
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD PIANE	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	MILLER, DIANE SS UMPMINSTER M-228		1.2 NAME 1.3 STREET ADDRESS	90000219	594891
CITY-ST-ZIP	DEERFIELD BCH, FL (	n	1.4 City-St-Zip	-04/29/97	/U1109001
TITLE	VDS	DELETE	2.1 TITLE	**15190.	Change Addition
NAME	KRISLER, SIMON	•	2.2 NAME	· · ·	
STREET ADDRESS	UPMINSTER M-224		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL	El Deleve	2. 4 CITY-ST-ZIP		Obs. 14480.
TITLE	TD WALTED	DELETE	3.1 TITLE	SD	Change Addition
NAME STREET ADDRESS	JACOB, WALTER TILFORD Q372		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FI	L	3.4. CITY-ST-ZIP	:	
TITLE	D	<b>⋈</b> DELETE	4.1 TITLE		Change Addition
NAME	ZUCKER, CORY		4. 2 NAME		
STREET ADDRESS	UPMINSTER M 214		4.3 STREET ADDRESS		•
CITY-ST-ZIP	DEERFIELD BEACH FI	L 33442 ☐ DELETE	4.4 City-St-ZiP		A Change
TITLE   NAME	D Kanner, Aaron	r ner€te	5.1 TITLE 5.2 NAME	VTD	Change .
STREET ADDRESS	UPMINSTER M 231		5.3 STREET ADDRESS		<i>2</i> *
CITY-SI-ZIP	DEERFIELD BEACH FI	L 33442	5.4 CITY-ST-ZIP	n	the second
TITLE		DELETE	6.1 TITLE	W106	☐ Chai
NAME			6.2 NAME	KW.V	
STREET ADDRESS			6.3 STREET ADDRESS	•	

6.4 CITY-ST-ZIP

SIGNATURE:

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 fur information indicated on this annual report or supplemental annual report is true and accurate and that my elonature shall have the same legal elformation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Stationary appears in Block 12 or Block 33 if phagodor or an alternative an address.

APPROVED

97 APR 28 AM 11: 48

SECRETARY OF STATE TALLAHASSEE. FLORIDA