

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:11

DOCUMENT # 736615 (6)

1. Corporation Name

CITIZENS ASSOCIATION SOUTH OF SLOAN'S CURVE, INC

Principal Place of Business

Mailing Address

2875 SOUTH OCEAN BOULEVARD
PALM BEACH FL 33480

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PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1976

3a. Date of Last Report

04/05/1994

4. FEI Number

59-1930968

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHORR, MAX
250 ROYALS PALM WAY
PALM BEACH FL 33480

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	MATCH, JOHN
STREET ADDRESS	3475 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH FL
TITLE	CD
NAME	HERMAN, ANN
STREET ADDRESS	2778 S OCEAN BLVD #207N
CITY-ST-ZIP	PALM BCH FL
TITLE	GC
NAME	SCHORR, MAX
STREET ADDRESS	2778 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	ATD
NAME	RAMSEY, PHILIP
STREET ADDRESS	3390 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	TD
NAME	KING, WILLIAM
STREET ADDRESS	2850 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	S
NAME	SILKEN, STANLEY
STREET ADDRESS	2778 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH, FL 00000

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, unchanged, or on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 7, 1995 (407)-588-7989