

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 # 737152 (9)
1. Corporation Name
JENADA VILLAS RECREATION AND SOCIAL CLUB, INC.



Principal Place of Business
**3000 NORTH FEDERAL HIGHWAY BLDG #8
FT. LAUDERDALE FL 33306-8416**

Mailing Address
**3000 NORTH FEDERAL HIGHWAY BLDG #8
FT. LAUDERDALE FL 33306-8416**

3. Date Incorporated or Qualified
10/26/1976

3a. Date of Last Report
07/07/1995

4. FEI Number
59-0840722

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**NEWTON, SR., DONALD S.
3000 NORTH FEDERAL HIGHWAY BLDG 8
FT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, DONALD	1.2 NAME	
STREET ADDRESS	3000 NO FED HWY BLDG #8	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, VICTORIA	2.2 NAME	Andrew J Connelly
STREET ADDRESS	2930 NW 5TH AVE.	2.3 STREET ADDRESS	1200 N. Federal Hwy. 312
CITY - ST - ZIP	WILTON MANORS, FL 00000	2.4 CITY - ST - ZIP	Boca Raton 76 33432
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOGHUE, JOHN	3.2 NAME	
STREET ADDRESS	2932 N W 8TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAMMON, KAY	4.2 NAME	
STREET ADDRESS	728 NW 29 CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHESON, MIKE	5.2 NAME	
STREET ADDRESS	2924 NW 8TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Donald S. Newton, Sr.* **Donald S. Newton, Sr.** *10/26/96* **10/26/96** *954-584-0571* **954-584-0571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)