

**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 FEB 16 PM 3:11

DOCUMENT # 767642 (2)  
1. Corporation Name  
SHERIDAN BY THE BEACH ASSOCIATION, INC.

Principal Place of Business Mailing Address  
1801 POLK ST  
P O BOX 22-1215  
HOLLYWOOD FL 33022  
1801 POLK ST  
P O BOX 22-1215  
HOLLYWOOD FL 33022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1983  
3a. Date of Last Report 02/04/1994  
4. FEI Number 59-2377740  
Applied For Not Applicable  
5. Certificate of Status (checked) \$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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
HADDOX, NINA  
1420 SHERIDAN ST. #18  
APT 17G  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 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) (Date) Registered Agent (signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HADDOX, NINA
STREET ADDRESS	1420 SHERIDAN ST. #18
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	VD
NAME	SERIANI, JULES
STREET ADDRESS	1420 SHERIDAN ST. #15
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	TD
NAME	CHIN-FATT, DAVE
STREET ADDRESS	1410 SHERIDAN ST. #27
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	SD
NAME	HERSKOVITZ, LUCILLE
STREET ADDRESS	1410 SHERIDAN ST. #6
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	D
NAME	MARTINETTE, RHEAD
STREET ADDRESS	1410 SHERIDAN ST. #12
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	D
NAME	DI ROSA, PETE
STREET ADDRESS	1460 SHERIDAN ST.
CITY, ST, ZIP	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HOPKINS, MURRY	
13 STREET ADDRESS	1410 SHERIDAN ST. #3	
14 CITY, ST, ZIP	HOLLYWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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 checked, or on an attachment with an address.

SIGNATURE: *Sandra B. Morham* - Pres  
2/11/95 305 922-1992  
Typed Name and Title of Registered Agent (Signature Required)