

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 # **739059** (4)

1. Corporation Name

STAR ISLAND TAXPAYERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**44 STAR ISLAND
MIAMI BEACH FL 33139**

**44 STAR ISLAND
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified

05/23/1977

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-1142879

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRUHL, THEODORE R., M. D.
44 STAR ISLAND
MIAMI BEACH FL 33139**

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 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	PD	<input type="checkbox"/> DELETE
NAME	STRUHL, THEODORE R MD	
STREET ADDRESS	44 STAR ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRSNER, HYMAN	
STREET ADDRESS	34 STAR ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, LEONARD	
STREET ADDRESS	23 STAR ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORA, MODESTO	
STREET ADDRESS	8 STAR ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, THOMAS	
STREET ADDRESS	19 STAR ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, HENRY	
STREET ADDRESS	27 STAR ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FORTE, JOHN	
1.3 STREET ADDRESS	3 STAR ISLAND	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRODY, DR. LAURENCE	
2.3 STREET ADDRESS	6 STAR ISLAND	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBINS, GERALD	
3.3 STREET ADDRESS	33 STAR ISLAND	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ESTEFAN, EMILIO	
4.3 STREET ADDRESS	39 STAR ISLAND	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KRAMER, THOMAS	
5.3 STREET ADDRESS	5 STAR ISLAND	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FROST, DR. PHILLIP	
6.3 STREET ADDRESS	20 STAR ISLAND	
6.4 CITY-ST-ZIP	MIAMI BEACH, FL	

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:

Theodore R. Struhl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE R. STRUHL, M.D.

4/26/96

305/672-4141

Date

Daytime Phone #

CR2E037 (12/95)

739059

2-2

STAR ISLAND TAXPAYERS ASSOCIATION, INC.

CORPORATION ANNUAL REPORT -- 1996 -- ADDITION

BOX 12 - OFFICERS AND DIRECTORS (CONT.)

<u>TITLE</u>	<u>OFFICERS AND DIRECTORS</u>	<u>STREET ADDRESS</u>	<u>CITY AND STATE</u>
D	IACOVELLI, MARC	46 STAR ISLAND	MIAMI BEACH, FL
D	BRANAM, HARRY	42 STAR ISLAND	MIAMI BEACH, FL.
D	RUBINSON, MITCHELL	40 STAR ISLAND	MIAMI BEACH, FL
D	REIBER, NATHAN	37 STAR ISLAND	MIAMI BEACH, FL
D	BURSTYN, SAMUEL	2 STAR ISLAND	MIAMI BEACH, FL
D	MILLER, STUART	7 STAR ISLAND	MIAMI BEACH, FL
D	WARE, RHODA	11 STAR ISLAND	MIAMI BEACH, FL
D	GOSSELIN, CARLOS	14 STAR ISLAND	MIAMI BEACH, FL
D	HALLBAUER, ROSALIE	22 STAR ISLAND	MIAMI BEACH, FL
D	CAICEDO, HERNANDO	31 STAR ISLAND	MIAMI BEACH, FL
D	VARELA, LUIS	43 STAR ISLAND	MIAMI BEACH, FL
D	LABRADA, FERNANDO	45 STAR ISLAND	MIAMI BEACH, FL