

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 # 739409 (1)

1. Corporation Name

LAKE WORTH NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

SHUFFLE BOARD CT.
LAKE WORTH FL 33460
US

610 NO "E" ST.
LAKE WORTH FL 33460
US

Shuffle Board Club Home

3. Date Incorporated or Qualified
06/16/1977

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21. *Lake Worth Ave*

26. *610 NO. "E" ST*

4. FEI Number
59-2269081

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23. City & State

28. City & State

Lake Worth FL

Lake Worth FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24. Zip

Country

29. Zip

Country

33460

Palm Beach

33460

Palm Beach

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

DORSEY, DENNIS
1919 E. TERRACE DRIVE
LAKE WORTH FL 33460

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	P	<input type="checkbox"/> DELETE
NAME	SIMERING, WALTER	
STREET ADDRESS	2201 N. PARK STREET	
CITY - ST - ZIP	LAKE WORTH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLME, BURGER	
STREET ADDRESS	602 NORTH 11TH AVE	
CITY - ST - ZIP	LAKE WORTH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILDERS, GLADYS	
STREET ADDRESS	610 N. "E" STREET	
CITY - ST - ZIP	LAKE WORTH, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBERTSON, RAYMOND	
STREET ADDRESS	403 S. "K" STREET	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAWICKI, TONY	
STREET ADDRESS	513 N. "M" STREET	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERBUS, MARIE	
STREET ADDRESS	615 PINE ST	
CITY - ST - ZIP	LAKE WORTH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address

SIGNATURE: *Gladys Wilders* *Secretary* 8/2/96 - 407-588-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)