

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 1:38

DOCUMENT # 742051 (6)

1. Corporation Name

THE THREE SCORE AND TEN CLUB

Principal Place of Business

Mailing Address

FIRST UNITED MET. CHURCH OF MIAMI
400 BISCAYNE BLVD
MIAMI FL 33132
US

PO BOX 1111534
BISCAYNE ONE STATION
MIAMI FL 33111
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1978	3a. Date of Last Report 01/25/1994
4. FEI Number 59-0481762	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
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	29
25	30

9. Name and Address of Current Registered Agent

**GOERLACH, CELESTE
243 N.E. 4TH ST.
MIAMI FL 33132**

10. Name and Address of New Registered Agent

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

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DOMEDION, ALBERT	1.2 NAME	
STREET ADDRESS	945 MERIDIAN AVE., APT 9	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHERR, RUTH	2.2 NAME	
STREET ADDRESS	465 OCEAN DR., APT 706	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GENDERSKI, EDWARD	3.2 NAME	
STREET ADDRESS	240 GALEN DR., #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVAK, STEPHEN	4.2 NAME	
STREET ADDRESS	12590 NE 18TH AVE., #403	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	GOERLACH, CELEST	5.2 NAME	
STREET ADDRESS	1450 NW 9. RIVER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BELGAU, GILDA	6.2 NAME	
STREET ADDRESS	2134 CARLYLE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	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 110.07(3)(b), 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: *Celeste Goerlach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CELESTE GOERLACH

Feb 2-1995 *6419-5699*
Date Signature

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 742131 (6)

1. Corporation Name

DEL-AIRE COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

4645 WHITE CEDAR LANE
DELRAY BCH FL 33445
US

4645 WHITE CEDAR LANE
DELRAY BCH FL 33445
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1978

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1856831

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 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

CHARRON JR, ALFRED J
4645 WHITE CEDAR LANE
DELRAY BEACH FL 33445

81 Name Daniel S. Bernheim Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
4198 Live Oak Blvd.
83
84 City Delray Beach FL 85 Zip Code 33445

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

Daniel S. Bernheim Jr.

1-28-95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BERNHEIM JR, DANIEL S
STREET ADDRESS 4198 LIVE OAK BLVD
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME LEVENSON, MALCOLM N
STREET ADDRESS 4453 WHITE CEDAR LN
CITY-ST-ZIP DELRAY BCH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME NANNES, FRANCES
STREET ADDRESS 16905 RIVER BIRCH CIR
CITY-ST-ZIP DELRAY BCH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME ROSEN, HAROLD
STREET ADDRESS 3700 RED MAPLE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME STEIN, MEL
STREET ADDRESS 16628 IRONWOOD DRIVE
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(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:

Alfred J. Charron Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Type)